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STATE RESOURCES AND SERVICES

Related to

ALCOHOL AND DRUG ABUSE PROBLEMS

Fiscal Year 1988

An Analysis of State Alcohol and Drug Abuse

Profile Data

by
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A Report for the
National Institute on Alcohol Abuse and Alcoholism
and the
National Institute on Drug Abuse

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In addition, we wish to acknowledge the advice and assistance of staff persons at the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) who reviewed and provided comments on various drafts of this document. We especially wish to thank the Project Officers, Mr. David Sanchez from NIAAA, and Mrs. Ann Blanken from NIDA, who provided ongoing support, assistance and constructive suggestions for improvement.

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STATE ALCOHOL AND DRUG ABUSE AGENCY DIRECTORS AND CONTACT PERSONS FOR THE 1988 STATE ALCOHOL AND DRUG ABUSE PROFILE (SADAP)

STATE	DIRECTORS	CONTACT PERSONS
ALABAMA	MOLLY BROOMS	LARRY WILLIAMS
ALASKA	MATTHEW FELIX	GEORGE MUNDELL
ARIZONA	ED ZBOROWER	ED ZBOROWER
ARKANSAS	PAUL T. BEHNKE	WILLIAM BOHANNON
CALIFORNIA	CHAUNCEY VEATCH III	SUSAN NISENBAUM
COLORADO	ROBERT AUKERMAN	HAROLD MEADOWS
CONNECTICUT	DONALD J. MCCONNELL	DONNA STIMPSON
DELAWARE	NEIL MEISLER	BARBARA MELVILLE
DISTRICT OF COLUMBIA	SIMON HOLLIDAY	CHARLES W. AVERY
FLORIDA	LINDA LEWIS	LINDA LEWIS
GEORGIA	PATRICIA REDMOND	CHARLES RELEFORD
GUAM	MARILYN WINGFELD	DR. NORY R. SANTZ
HAWAII	PATRICIA S. HUNTER	PATRICIA S. HUNTER
IDAHO	RAY WINTEROWD	TINA KIRCHER
ILLINOIS	WILLIAM T. ATKINS	LILLIAN PICKUP
INDIANA	JOSEPH E. MILLS III	JOSEPH E. MILLS III
IOWA	JANET ZWICK	ELLA MAE BAIRD
KANSAS	ANDREW O'DONOVAN	LARRY HINTON
KENTUCKY	MICHAEL TOWNSEND	HUGH SPALDING
LOUISIANA	DR. BILLY R. STOKES	GWENDA MCKENZIE
MAINE	NEILL MINER	JEREAL HOLLEY
MARYLAND	ADELE WILZACK	SHANE DENNIS
MASSACHUSETTS	DAVE MULLIGAN	DR. DENNIS J. MCCARTY
MICHIGAN	JOAN WALKER	RICHARD F. CALKINS
MINNESOTA	DR. CYNTHIA TURNURE	DR. CYNTHIA TURNURE
MISSISSIPPI	ANNE D. ROBERTSON	ANNE D. ROBERTSON
MISSOURI	LOIS OLSON	GEORGIANNA M. HASLAG
MONTANA	ROBERT ANDERSON	DARRYL BRUNO
NEBRASKA	JAMES WILEY	JAMES WILEY
NEVADA	MARY JENKINS	PAUL RICHEY
NEW HAMPSHIRE	GERALDINE SYLVESTER	ALAN J. PARENT
NEW JERSEY (ALCOHOL)	RILEY REGAN	RICHARD SCHADL
NEW JERSEY (DRUG)	RICHARD J. RUSSO	RICHARD J. RUSSO
NEW MEXICO	MELA SALAZAR	MELA SALAZAR
NEW YORK (ALCOHOL)	MARQUERITE T. SAUNDERS	THOMAS H. KILCOYNE
NEW YORK (DRUG)	JULIO MARTINEZ	JACK S. GUSTAFSON
NORTH CAROLINA	WILLIAM CARROLL	MARGUERITE DAVIS
NORTH DAKOTA	JOHN J. ALLEN	JOHN J. ALLEN
OHIO	SUZANNE COLEMAN TOLBERT	SUZANNE COLEMAN TOLBERT
OKLAHOMA	TOM STANITIS	JACQUELINE M. ENNIS
OREGON	JEFFERY KUSHNER	JEFFERY KUSHNER
PENNSYLVANIA	JEANNINE PETERSON	JEANNINE PETERSON
PUERTO RICO	ISABEL SULIVERES DE MARTINEZ	ISABEL SULIVERES
RHODE ISLAND	WILLIAM H. PIMENTEL	WILLIAM H. PIMENTEL
SOUTH CAROLINA	WILLIAM J. MCCORD	NED SELF

SOUTH DAKOTA	ROBERT ANDERSON	ROBERT ANDERSON
TENNESSEE	DR. RUDY BROOMES	RICK BRADLEY
TEXAS	BOB DICKSON	JANE MAXWELL
UTAH	LEON POVEY	ALAN SHERWOOD
VERMONT	RICHARD POWELL II	TIM MAILLY
VIRGIN ISLANDS	DR. CORRINE ALLEN	DR. CORRINE ALLEN
VIRGINIA	WAYNE THACKER	WAYNE THACKER
WASHINGTON	KEN STARK	MILO KURLE
WEST VIRGINIA	JACK CLOHAN	MARY S. PESETSKY
WISCONSIN	LARRY W. MONSON	RICK RUECKING
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TABLE OF CONTENTS

Page

HIGHLIGHTS i

EXECUTIVE SUMMARY iv

I. INTRODUCTION 1

II. STUDY PURPOSE AND METHODOLOGY 4

III. FUNDING OF ALCOHOL AND DRUG SERVICES 6

1. Financial Expenditures by State and Funding Source 6

2. Financial Expenditures by Type of Program Activity 9

3. Comparison of Financial Expenditures for Fiscal Years 1985, 1986, 1987 and 1988 by Total Expenditures, Funding Source and Type of Program Activity 9

4. Total Number of Percent of Treatment Units That Received Funds Administered by the State Alcohol/Drug Agency in Fiscal Year 1988 14

5. Information on Medicaid Reimbursement 14

IV. CLIENT ADMISSIONS TO ALCOHOL AND OTHER DRUG TREATMENT SERVICES 18

1. Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism 18

a. Client Admissions Data by Environment and Type of Care 19

b. Client Admissions Data by Sex, Age and Race/Ethnicity 21

2. Client Admissions to Treatment Services for Drug Abuse and Dependency 27

a. Client Admissions Data by Environment and Modality 27

b. Client Admissions Data by Sex, Age and Race/Ethnicity 30

c. Client Admissions Data by Primary Drug of Abuse 33

Page

3. Comparisons of Client Admissions Data for Fiscal Years 1985, 1986, 1987 and 1988 39
    a. Comparisons of Alcohol Client Admissions Data 40
    b. Comparisons of Drug Client Admissions Data 40
4. Information on Collaterals 42

V. FEDERAL BLOCK GRANT SUPPORT FOR ALCOHOL AND OTHER DRUG TREATMENT SERVICES 43
1. Federal Funds by Type of Primary Problem 43
2. Federal Funds by Numbers of Treatment Units 43
3. Federal Funds for Treatment Admissions by Type of Primary Problem 46

VI. INTRAVENOUS (IV) DRUG ABUSE 48

VII. STATE MODEL PRODUCTS AVAILABILITY 52

VIII. TOP THREE POLICY ISSUES FROM A STATE ALCOHOL AND DRUG AGENCY PERSPECTIVE 54
1. Treatment Services Systems 54
2. Funding and Resource Allocation 54
3. Prevention and Treatment Services for Youth 58
4. AIDS and IV Drug Users 58
5. Services to Special Populations 58

IX. MAJOR NEEDS FOR WHICH RESOURCES WERE NOT ADEQUATE IN FISCAL YEAR 1988 59
1. Youth and Women 60
2. Other Special Populations 61
3. Prevention and Early Intervention 61
4. Staff Positions, Training and Salaries 61
5. "Special" State Needs: Site Renovation, Remodeling, and Location; and Assistance in Data Collection 62

Page

X. SIGNIFICANT CHANGES IN ALCOHOL AND/OR DRUG PREVENTION AND TREATMENT SERVICES IN FISCAL YEAR 1988 63

1. New Programs and Services for AIDS and IV Drug User Populations 63

2. Client and Drug Use Trends 64

3. Changes in Financial Resources 65

4. Changes in Services and Programs for Youth 67

5. Prevention Programs and Services 68

6. Changes in Admissions to Treatment 69

7. Other Significant Developments 70

LIST OF TABLES

TABLES PAGE

1. Expenditures for State-Supported Alcohol and Drug Abuse Services by State and by Funding Source for Fiscal Year 1988 8

2. Expenditures for State-Supported Alcohol and Drug Abuse Services by State and by Type of Program Activity for Fiscal Year 1988 10

3. Expenditures for State-Supported Alcohol and Drug Abuse Services by State for Fiscal Years 1985, 1986, 1987 and 1988 12

4. Comparison of Expenditures for Alcohol and Drug Abuse Services by Funding Source for Fiscal Years 1985, 1986, 1987 and 1988 13

5. Comparison of Expenditures for Alcohol and Drug Abuse Services by Type of Program and Activity for Fiscal Years 1985 1986, 1987 and 1988 13

6. Number of Alcohol and/or Drug Treatment Units that Received Funds Administered by the State Alcohol/Drug Agency for Fiscal Year 1988 16

7. Estimate of Percent of Total Alcohol and/or Drug Treatment Units in Each State that Received Any Funds Administered by the State Alcohol/Drug Agency for Fiscal Year 1988 17

8. Number of Alcohol Client Treatment Admissions by Type of Environment, Type of Care and State for Fiscal Year 1988 20

9. Number of Alcohol Client Treatment Admissions by Sex and State for Fiscal Year 1988 22

10. Number of Alcohol Client Treatment Admissions by Age and State for Fiscal Year 1988 23

11. Number of Alcohol Client Treatment Admissions by Age, by Sex and by State for Fiscal Year 1988 24

12. Number of Alcohol Client Treatment Admissions by Race/Ethnicity and State for Fiscal Year 1988 26

PAGE

13. Number of Alcohol Client Treatment Admissions by Type of Environment, Type of Modality and State for Fiscal Year 1988 28

14. Number of Drug Client Treatment Admissions by Sex and State for Fiscal Year 1988 31

15. Number of Drug Client Treatment Admissions by Age and State for Fiscal Year 1988 32

16. Number of Drug Client Treatment Admissions by Race/Ethnicity and State for Fiscal Year 1988 34

17. Number of Drug Client Treatment Admissions by Race/Ethnicity and State for Fiscal Year 1988 36

18. Number of Drug Client Treatment Admissions in State-Supported Facilities by Primary Drug of Abuse and State for Fiscal Year 1988 37

19. Expenditures of Federal Block Grant Treatment Funds by State and by Type of Primary Problem for Fiscal Year 1988 44

20. Number of Alcohol and/or Drug Treatment Units that Received Federal Block Grant Funds by State for Fiscal Year 1988 45

21. Total Number of Client Admissions to Alcohol and/or Drug Treatment Units that Received Federal Block Grant Funds, by State and by Type of Primary Problem for Fiscal Year 1988 47

22. Intravenous (IV) Drug Abuser Client Treatment Admissions to State-Funded Programs and Estimates of Total IV Abusers by State for Fiscal Year 1988 49

23. Human Immunodeficiency Virus (HIV) Infection Rates Among Intravenous (IV) Drug Users by State for Fiscal Year 1988 50

24. Top Three Policy Issues as Reported by State Alcohol and Drug Agencies 55

LIST OF EXHIBITS

Figure		Page
1.	Expenditures for State-Supported Alcohol and Drug Abuse Services by Funding Source for Fiscal Year 1988	v
2.	Expenditures for State-Supported Alcohol and Drug Abuse Services by Type of Program Activity for Fiscal Year 1988	vii
3.	Comparisons of Expenditures for State-Supported Alcohol and Drug Abuse Services by Funding Source for Fiscal Years 1985, 1986, 1987 and 1988	viii

APPENDICES

A.	STATE ALCOHOL AND DRUG ABUSE PROFILE COVER LETTER, INFORMATION COLLECTION FORMAT AND GLOSSARY OF TERMS	A-1
B.	STATE-BY-STATE POPULATION, PER CAPITA INCOME, POPULATION DENSITY AND STATE REVENUE FIGURES	B-1
C.	STATE MODEL PRODUCTS AVAILABLE AND CONTACT PERSONS	C-1
D.	STATE NARRATIVE REPORTS ON MAJOR UNMET NEEDS	D-1
E.	STATE NARRATIVE REPORTS OF SIGNIFICANT CHANGES IN SERVICES DURING FISCAL YEAR 1988	E-1

HIGHLIGHTS

The State Alcohol and Drug Abuse Agencies voluntarily submit a broad spectrum of fiscal, client and other service data on an annual basis to the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD). These data are submitted via the State Alcohol and Drug Abuse Profile (SADAP) data collection effort. With financial support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA), NASADAD staff have prepared a detailed analysis of these data. The findings for Fiscal Year (FY) 1988 as reported by the States and analyzed by NASADAD follow.

The financial and client data provided by the State Alcohol and Drug Abuse Agencies apply to only those units and programs "that received at least some funds administered by the State Alcohol/Drug Agency." Forty-eight States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands participated in the FY 1988 State Alcohol and Drug Abuse Profile (SADAP).

Highlights from the FY 1988 SADAP study indicate that:

- Expenditures for alcohol and drug abuse treatment and prevention services totaled over $2.1 billion.
- Of the total expenditures, States provided $1.02 billion or 48 percent, while Federal sources provided $478.9 million or 23 percent, county or local sources contributed $191.3 million or 9 percent and other sources (e.g., private health insurance, court fines, client fees or assessments for treatment imposed on intoxicated drivers) contributed $423.1 million or 20 percent.
- Approximately 77 percent of the total monies were expended for treatment services; 15 percent for prevention services; and 8 percent for other activities (e.g., training, research, administration).
- A total 6,926 alcohol and/or drug treatment units received funds administered by the State Alcohol and Drug Abuse Agencies in FY 1988. Of the total units, 1,806 were identified as alcohol units, 1,614 as drug units and 3,506 were identified as combined alcohol/drug treatment units.
- The total alcohol client treatment admissions reported by 47 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands were over 1.2 million; 81.5 percent of the client admissions were to non-hospital treatment units; alcohol client admissions

were 77.3 percent male; 31.0 percent between the ages of 25-34; and 70.7 percent White, 16.6 percent Black and 5.3 percent Hispanic.

- A total of 47 States, the District of Columbia, Guam and Puerto Rico reported total drug client admissions of 518,851. Also, 69.1 percent of the client admissions were for outpatient services; 66.8 percent were male; 14.5 percent under the age of 18; 52.7 percent White; 25.3 percent Black; and 11.8 percent Hispanic.

- For the first time, cocaine was identified in overall reporting as the leading primary drug of abuse with 139,663 admissions. Previously, heroin had been the leading primary drug of abuse.

- For the third time, States were asked to provide estimates relating to intravenous (IV) drug abuse. Estimates of the number of IV drug abuser client treatment admissions to State funded programs by a total of 44 respondents ranged from a high of 38,058 in California to a low of 8 in Guam and 0 in the Virgin Islands. The total number of IV drug abuser client admissions to State funded programs identified was 162,929.

- A total of 38 respondents provided data on the total number of IV drug abusers in their State. The highest estimates of IV drug abusers were provided by New York (260,000), California (222,000) and Pennsylvania (115,000). The total number of IV drug abusers estimated by all 38 respondents was 1,344,788.

- In response to a request for the top three policy issues, States identified need for new or expanded treatment services; need for funding and resource allocation; need for prevention and treatment services for youth; need for services specifically related to AIDS and IV drug users; and need for prevention and treatment services to other special populations, such as indigent, homeless, dually diagnosed, women and criminal justice clients.

- Narrative responses received from 44 States, the District of Columbia, Guam and Puerto Rico confirmed that there were major needs in the areas of prevention and/or treatment for which adequate resources were not available. States identified many needs to meet the requirements of special populations, such as youth, women, dually diagnosed clients, IV drug users with AIDS, minorities, the homeless and the elderly.

- Significant changes in services that occurred during FY 1988 and were reported by the States related primarily to required new services for AIDS and IV drug user populations; client and drug use trends; changes in availability of financial resources for services; and changes in youth prevention and treatment services.

EXECUTIVE SUMMARY

In September of 1987, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), with support from the National Institute on Drug Abuse (NIDA), entered into a second three-year contractual relationship with the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) to ensure the continued availability and analysis of data from the States. The contract provides support for the continued analysis of data voluntarily submitted by the States from existing sources of information on alcohol and drug abuse funding and services. This cooperative Federal-State effort responds to Congressional mandates and ensures that the Institutes and the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) have the information necessary to exercise a strong national leadership role in cooperation with States with regard to alcohol and drug abuse program needs and services.

Under the State Alcohol and Drug Abuse Profile (SADAP) contract relevant data is collected from the States and Territories. With the cooperation of both Federal and State officials, the SADAP data collection format and process have been continually refined and improved over the past five years.

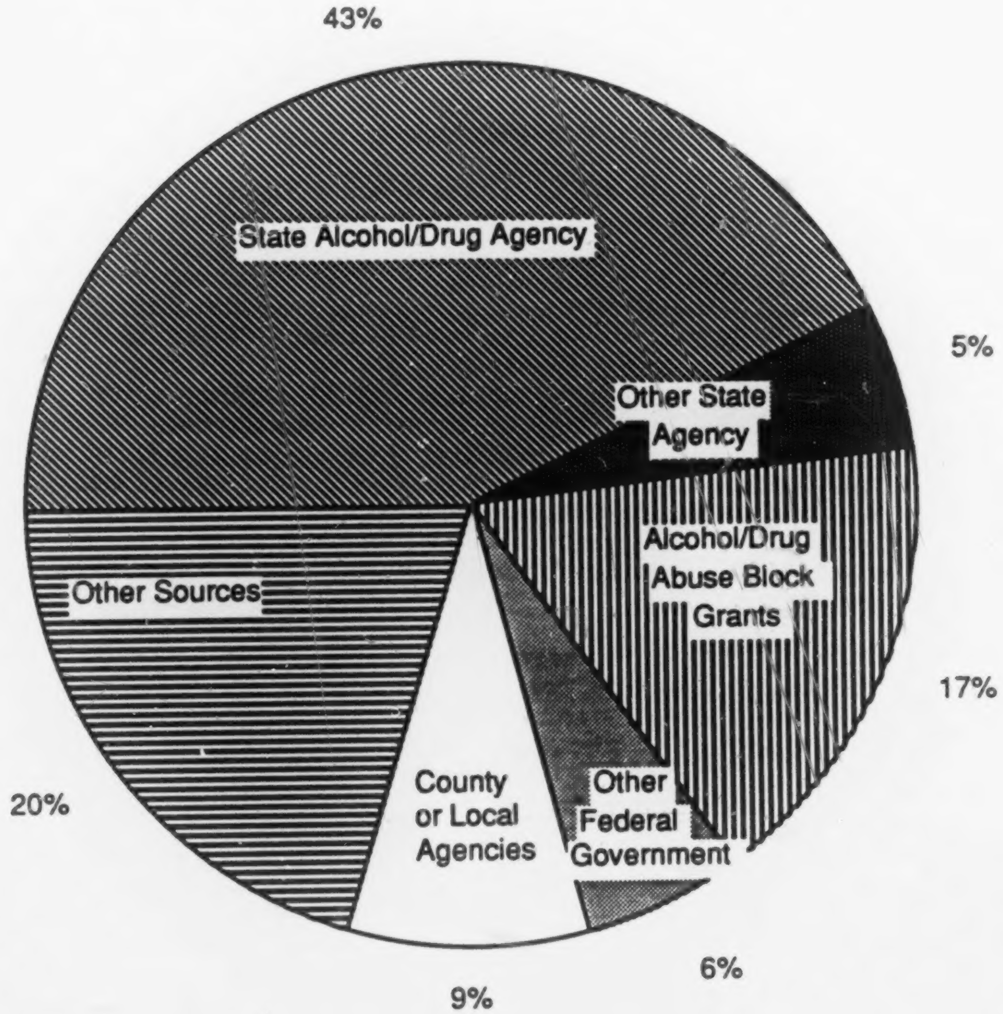
This report presents and analyzes the results of the State Alcohol and Drug Abuse Profile (SADAP) data for the States' 1988 Fiscal Year (FY). Forty-eight States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands cooperated and contributed information on resources, services and needs related to alcohol and drug abuse problems within their States. The remaining information is categorized into the following seven areas: funding levels and sources; client admission characteristics; intravenous (IV) drug abuse; State model product availability; top policy issues; major unmet needs; and significant changes in treatment and/or prevention services.

Funding Levels and Sources

The total reported expenditures within 48 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands for alcohol and drug services in those programs receiving at least some State-administered funds during the State's 1988 Fiscal Year (FY) were over $2.1 billion. As illustrated in Figure 1, this total includes $910.1 million (43 percent) from State Alcohol and Drug Agency sources, $111.3 million (5 percent) from other State agency sources, $355.0 million (17 percent) from Alcohol and Drug Abuse Block Grants, $123.9 million (6 percent) from other Federal government sources, $191.3 million (9 percent) from county or local agency sources, and $423.1 million (20 percent) from other sources (e.g., reimbursements from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers).

FIGURE 1

EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES BY FUNDING SOURCE FOR FISCAL YEAR 1988



Total alcohol and drug expenditures for FY 1988 were $2,114,857,286.

NOTE: The Other Sources category includes funding from sources such as client fees, court fines and reimbursements from private health insurance.

SOURCE: State Alcohol and Drug Abuse Profile, FY 1988; data are included for "only those programs that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988."

It should be emphasized that the data provided do not include information on those programs that did not receive any funding from the State Alcohol and Drug Agencies in FY 1988. These programs would include most, if not all, private for-profit programs; some private not-for-profit programs, some county and local government programs; and most Federal government programs such as the Veterans Administration. Therefore, the overall fiscal data contained in this report are conservative in nature, and, to some degree, underestimate funding expenditures by other departments of State and Federal Government and by private, non-State Agency-supported alcohol and drug abuse treatment and prevention programs.

Although the specific levels of fiscal support contributed by different sources vary considerably among the States, the single largest source of funding during FY 1988 for alcohol and drug services was State monies. In 38 States and Territories, State Alcohol and Drug Agency monies constituted the largest source of funding, while in one State and in the District of Columbia, other State revenues were the largest source of support. The Alcohol and Drug Block Grants from the Federal Government were the largest revenue source in six States and Territories. Among the remaining States, county and local monies constituted the largest source of funds in two States and Territories, other Federal Government monies constituted the largest source of funds in one State and other sources (e.g., private health insurance) constituted the largest revenue source in three States.

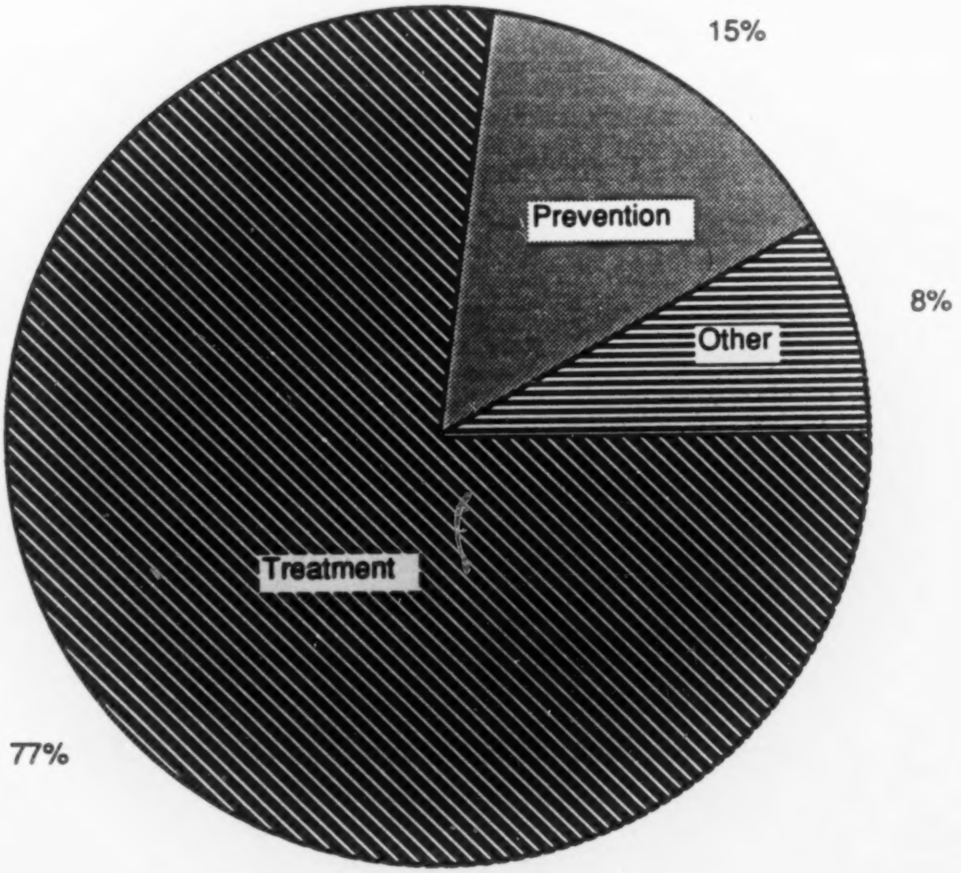
Approximately 77 percent of the funds were expended for treatment services, 15 percent for prevention services, and 8 percent for other activities (e.g., training, research, administration) (See Figure 2).

Comparisons of financial expenditures reported by the States in this year's SADAP with data collected for FYs 1985, 1986, and 1987 are provided (See Figure 3). Although some other revenue sources have experienced larger percentage increases due to their smaller base, the bar graph data shown in Figure 3 clearly demonstrate that State Alcohol and Drug Agency funds have been and continue to be the largest revenue source for alcohol and other drug prevention and treatment services. Comparisons with data collected in earlier FYs are not appropriate. Such comparisons would be misleading since there were changes instituted in the specific wording of questions related to States' fiscal resources (e.g., a change from "allocations" to "expenditures").

The State Agencies identified a total of 6,926 alcohol and/or drug treatment units to which they provided at least some funding in FY 1988. In terms of treatment orientation, 3,506 of the units provided combined alcohol/drug treatment services, while 1,806 focused on alcoholism services and 1,614 concentrated

FIGURE 2

EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES BY TYPE OF PROGRAM ACTIVITY FOR FISCAL YEAR 1988

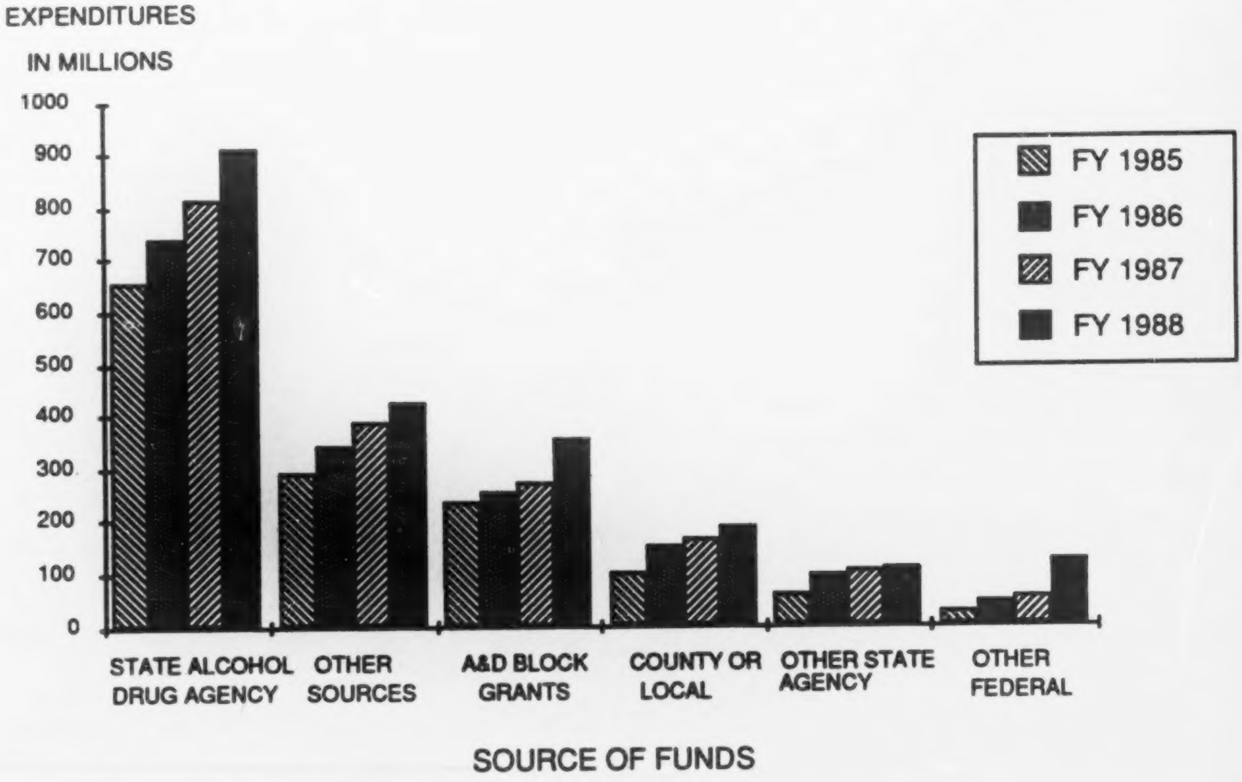


NOTE: The "Other" category includes expenditures for program activities such as administration, research and training.

SOURCE: State Alcohol and Drug Abuse Profile, FY 1988; data are included for "only those programs that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988."

FIGURE 3

COMPARISON OF EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES BY FUNDING SOURCE FOR FISCAL YEARS 1985, 1986, 1987, AND 1988



NOTE: Some of the apparent increases in expenditures may be related to an improvement in the State's ability to collect and provide data from different funding sources.

NOTE: The "Other Sources" category includes funding from sources such as client fees, court fines and reimbursements from private health insurance.

SOURCE: State Alcohol and Drug Abuse Profile, FY 1988; data are included for "only those programs that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988."

Client Admission Characteristics

The total alcohol client treatment admissions reported by 47 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands exceeded 1.2 million (1,217,285), including 992,685 (81.5%) client admissions to non-hospital treatment units. Hospitals were used by nearly 20 percent of those client admissions who required detoxification services and by just over 10 percent of those client admissions who required rehabilitation/residential treatment services. Ninety-four percent of client admissions for outpatient services were to non-hospital facilities. In the 47 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands which reported admissions data by sex, over 77 percent of the alcohol client admissions were male. Other alcohol client admissions characteristics in terms of age were as follows: 3.8 percent under age 18; 4.5 percent 18-20; 10.3 percent 21-24; 31 percent 25-34; 22.7 percent 35-44; 11.3 percent 45-54; 6.1 percent 55-64; 1.7 percent age 65 and over; and 8.5 percent not reported. In terms of race/ethnicity, alcohol client admissions were as follows: 70.7 percent White, not of Hispanic origin; 16.6 percent Black, not of Hispanic origin; 5.3 percent Hispanic; .3 percent Asian or Pacific Islander; 3.1 percent Native American (American Indian or Alaskan Native); .5 percent Other; and 3.6 percent not reported.

The total drug client treatment admissions reported by 47 State Agencies, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands were 518,851. With regard to drug client admissions that could be categorized by environment, State Agencies reported 20,454 (3.9%) admissions to hospitals, 121,765 (23.5%) to residential facilities, and 358,475 (69.1%) to outpatient environments. The 18,157 admissions not specified as to environment represent 3.5% of total admissions. In terms of treatment modality, 95,932 client admissions were for detoxification, 47,608 were for maintenance and 357,154 for drug-free types of treatment services. Of 47 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands that reported admissions data by sex, over 66 percent of the drug client admissions were male. Other drug client admissions characteristics in terms of age were as follows: 14.5 percent under age 18; 7.1 percent 18-20; 14.0 percent 21-24; 38.3 percent 25-34; 15.0 percent 35-44; 2.9 percent 45-54; .9 percent 55-64; .3 percent age 65 and over; and 7.0 percent not reported.

In terms of race/ethnicity, drug client admissions, as reported by 47 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands, were as follows: 52.7 percent White, not of Hispanic origin; 25.3 percent Black,, not of Hispanic origin; 11.8 percent Hispanic; .4 percent Asian or Pacific Islander; .9 percent Native American; .4 percent Other; and 8.4 percent not reported.

With regard to primary drug of abuse at admission to treatment the findings for the lead drugs were as follows: heroin, 116,854 admissions; cocaine, 139,663 admissions; marijuana/hashish, 80,581 admissions; amphetamines, 18,491 admissions; other opiates/synthetics (beyond heroin and non treatment use of methadone), 15,717; and PCP 8,401. There exists tremendous variability in drug use and client treatment admission patterns across States and over time. However, one finding that deserves mention is the continuing growth in drug client treatment admissions related to cocaine. From FY 1985 to FY 1988, treatment admissions related to cocaine for those States reporting in both years increased dramatically, from 39,696 in FY 1985 to 134,734 in FY 1988. In FY 1988, cocaine surpassed heroin as the leading primary drug of abuse.

Intravenous (IV) Drug Abuse

States were asked for the third year in a row to provide estimates relating to intravenous (IV) drug abuse for FY 1988 for the total number of client admissions to treatment and for the total number of IV drug abusers in the State. There were 44 State Agency responses on the total number of drug treatment admissions to State funded programs, which ranged from a high of 38,058 in California to a low of 8 in Guam and 0 in the Virgin Islands, and totaled 162,929.

Thirty-eight States and Territories provided data on the total number of IV drug abusers in their State. The highest estimates of IV drug abusers were provided by New York (260,000), California (222,000) and Pennsylvania (115,000). The total number of IV drug abusers across the country as estimated by respondents from 36 States, the District of Columbia and Guam is 1,344,788.

State Model Product Availability

In order to identify current model product availability within each State, the Agencies were asked to list products that would be of interest to other States and that could possibly either be replicated or used in other States. A total of 48 State Agencies responded and reported major product categories which include: prevention plans; treatment plans; counselor certification/licensure and training standards; program certification/licensure/accreditation standards; program monitoring systems; and needs assessment survey methodologies.

Top Policy Issues

Forty-eight States, the District of Columbia, Guam and Puerto Rico identified policy questions and issues currently being considered at the State level. The most frequently mentioned policy issues fell into the following categories: need for new or expanded treatment services (48 States); funding and resource allocation (19 States); prevention and treatment services for youth (16 States); AIDS and IV drug users (16 States); and services to special populations (23 States).

Major Unmet Needs

Forty-four States, the District of Columbia, Guam and Puerto Rico indicated that major needs were identified through their most recent State planning process for which resources were not adequate to meet those needs. Most States submitted narrative responses describing these unmet needs. In addition to the need for a general increase in funds to support treatment and prevention services, the States indicated other specific needs including increased services to youth and women, as well as for a variety of special population groups including dually diagnosed clients, intravenous drug abusers diagnosed as having AIDS, ethnic minorities, the homeless and the elderly. In addition, many States identified the following needs: to expand prevention and early intervention services; to increase program staff positions, provide training and raise salaries; and to design and provide detoxification services.

Significant Changes in Treatment and/or Prevention Services

The State Alcohol and Drug Agencies were also asked to provide a narrative description of any significant changes in services that occurred during FY 1988 and the reasons for such changes. A total of 47 narrative responses were received. The scope of the narrative comments related to: required new programs and services for AIDS and IV drug user populations; client and drug use trends (e.g., increases in cocaine and heroin admissions); changes in financial resources; changes in services directed to youth; prevention program services; changes in treatment admissions; and other significant developments.

I. INTRODUCTION

Alcohol and other drug abuse and dependency constitute major public health problems in every State and community throughout America. During 1983, the most recent year for which accurate cost estimates are available, the economic costs of these problems totaled over $176 billion (1). These enormous problems must be addressed at all levels of government. At a Federal level, the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), and the Office for Substance Abuse Prevention (OSAP) have been given the responsibility to provide national leadership on alcohol and other drug issues. A significant portion of this responsibility focuses on the task of monitoring various indicators of alcohol and other drug abuse, including information on treatment and prevention services and funding resources.

At a State level, the State Alcohol and Drug Agencies have administrative responsibility for the allocation and effective utilization of Federal and State monies specifically targeted for alcohol and other drug treatment and prevention services. In order to effectively and efficiently carry out these tasks, each State Agency collects relevant information on needs, services and resources. This information assists the States in their ongoing planning, monitoring and service delivery functions.

Prior to 1982, NIAAA and NIDA were the repositories of detailed information from States and programs on alcohol and other drug treatment and prevention services and clients that were directly supported by Federal monies. Data were reported to the Federal level by the States and/or individual programs as a condition of receipt of the Federal alcohol and drug formula grant and project grant funds. However, when the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant was authorized by Public Law 97-35 in 1981, the requirement for the provision of detailed data from the States and individual programs was no longer mandated.

Nevertheless, the continued importance and need for some national data on alcohol and other drug treatment and prevention programs, services and clients was recognized at both the Federal and State levels. The Senate Committee on Labor and Human Resources included language in its report on the Alcohol and Drug Abuse Amendments of 1983 that referred to data collection as "an important national leadership responsibility of the Institutes". The Committee specifically encouraged the Institutes to acquire

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(1) Harwood, H.J., Napolitano, D.M., Kristiansen, P., and Colins, J.J.: Economic Cost to Society of Alcohol, Drug Abuse and Mental Illness: 1983. Research Triangle Institute.

"alcoholism and drug program data from information systems in each State". The Congress eventually directed the Secretary of the Department of Health and Human Services, through the Administrator of ADAMAHA to:

> "conduct data collection activities with respect to such programs, including data collection activities concerning the types of alcoholism, alcohol abuse, drug abuse and mental health treatment and prevention activities conducted under such part, the number and types of individuals receiving services under such programs and activities, and the sources of funding (other than funding provided under such part) for such programs and activities" (Section 1920) (42 U.S.C. 300 x).

Part B, Title XIX of the Public Health Services Act further requires that:

> "The Secretary, in consultation with appropriate national organizations, shall develop model criteria and forms for the collection of data and information with respect to services provided under this part in order to enable States to share uniform data and information with respect to the provision of such services."

In order to meet the Congressional mandates for continuing data collection activities and to be able to respond knowledgeably to questions regarding the availability of prevention, intervention and treatment resources to deal with alcohol and other drug abuse, the Federal government has sought to maintain minimal data which are accurate and updated on a regular basis.

Since 1982, the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) has demonstrated its capability to effectively and efficiently gather, analyze and present uniform information on alcohol and other drug abuse treatment and prevention resources and clients. Necessary data have been provided by the States and these activities have been supported by NIAAA, NIDA and the States. The States' willingness to provide NASADAD with information on alcohol and drug treatment and prevention services, resources and clients is evidenced by the successful outcome of previous contract efforts which included State data from Fiscal Years (FYs) 1983, 1984, 1985 1986 and 1987.

On September 30, 1987, NIAAA and NIDA again entered into a contractual relationship with NASADAD to continue support of a cooperative Federal/State national data strategy (Contract No. ADM 281-87-0007). As a key part of this contract, NASADAD is working with ADAMHA, the Institutes and the States to assess, define and voluntarily provide information on alcohol and other drug abuse services, programs, resources, and needs. The data being collected and analyzed by NASADAD are already in existence at the State level. The major tasks being performed by NASADAD are the definition and collection of information in a uniform format from its members, the analysis of the data submitted by each State, the development of meaningful comparisons of data across States and over time, the provision of a comprehensive report on the findings, and the conduct of two special studies per year.

Under the current contract, data on alcohol and other drug abuse services, programs, resources and needs for Fiscal Years 1986 and 1987 were collected, analyzed and presented in a comprehensive report. The current report analyzes data from FY 1988 and provides comparisons with data from previous fiscal years.

II. STUDY PURPOSE AND METHODOLOGY

The overall purpose of this study and report is to ensure the continued availability of selected service and resource information from already existing State sources throughout the United States and the Territories. The specific data elements include, but are not limited to, financial, program, and client data that States are willing to voluntarily submit to assist NIAAA and NIDA in assessing the types of treatment and prevention resources and services provided to persons throughout the country who are dependent upon or abusing alcohol and/or other drugs.

The major study objectives are:

- To provide continued support for the implementation of a joint Federal/State national data strategy, through collaboration on the State Alcohol and Drug Abuse Profile (SADAP) and the National Drug and Alcohol Treatment Unit Survey (NDATUS). State representatives are involved by providing consultation in examining options and developing recommendations for appropriate refinements and changes in the scope and content of existing and future efforts to acquire data from the States.
- To annually compile secondary data from the States relating to alcohol and other drug abuse services, clients and resources.
- To automate the editing, storage and analysis of data acquired from the States in prior and current fiscal years.
- To aggregate and analyze the data that are voluntarily submitted by each State, including the development of comparisons and analyses within and across States.

The overall study methodology was defined within a performance plan comprised of four major tasks and related subtasks, including the design of data acquisition and analysis plans; development of support materials and procedures; implementation of data acquisition and analysis; and the preparation of numerous project reports.

Subsequent to a meeting in September of 1988 with State and Institute representatives to solicit input and recommendations for the 1988 SADAP form, NASADAD staff developed all necessary support materials. Data collection procedures were implemented in October of 1988 when those support materials were distributed to the State Alcohol and Drug Agency Directors along with a data request letter signed by NASADAD's President. Attached as Appendix A is a copy of the cover letter, information collection format, and glossary of terms that were sent to each State Alcohol and Drug Abuse Agency Director. This material was followed by written communications to States reminding them of the importance of voluntarily submitting the data. Telephone calls were then made to any Directors who had not submitted information within the requested time frame.

The Directors of the State Alcohol and Drug Agencies from 48 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands voluntarily submitted information in response to the request from NASADAD. The data received are summarized and analyzed within the remaining sections of this report. Each State Director was provided a draft copy of the data tables and requested to review and verify the accuracy of all information from his/her State.

III. FUNDING OF ALCOHOL AND DRUG SERVICES

In October of 1988, each State Alcohol and Drug (A/D) Agency was asked to provide data on total expenditures for alcohol and drug services by source of funding and type of program activity within the State for that State's Fiscal Year (FY) 1988. Forty-eight States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands responded to this request.

Before presenting and analyzing the findings, it is important to note that, as with any data, these data have a number of inherent limitations. They should not be utilized without an appreciation of the qualifications that apply to them. One major qualification is that the States were asked to report total expenditures for "only those programs that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988." The data presented do not include information on those programs that did not receive any funding from the State A/D Agency (e.g., most, if not all, private for-profit programs; some private not-for-profit programs; and some public programs). As a result, the overall fiscal estimates contained herein are conservative in nature and, to varying degrees, underestimate funding expenditures by other departments of State government, by Federal agencies such as the Veterans Administration, and by private, non-State Agency supported alcohol and drug abuse treatment and prevention programs.

The financial and related data collected from States for FY 1988 are organized within four major subsections:

- Financial Expenditures by State and Funding Source;
- Financial Expenditures by Type of Program Activity;
- Comparison of Financial Expenditures for Fiscal Years 1985, 1986, 1987 and 1988 by Total Expenditures, Funding Source and Type of Program Activity; and
- Total Number and Percent of Treatment Units Which Received Funds Administered by the State Alcohol/Drug Agency in Fiscal Year 1988.

Information on each of these areas follows:

1. Financial Expenditures by State and Funding Source (Table 1)

This subsection provides information on expenditures for alcohol and drug services within each State during that State's 1988 Fiscal Year. It should be noted that two States, Alabama and Michigan, and the District of Columbia have Fiscal Years directly comparable to the Federal Government (October 1 to September 30), while 46 States and Puerto Rico have Fiscal Years from July 1 to June 30, one State (New York) has a Fiscal Year from April 1 to March 31, and one State (Texas) has a Fiscal Year from September 1 to August 31. The data are categorized and presented on both a State-by-State basis and by funding source, including State Alcohol and Drug Agency funds, other State monies, the alcohol and drug portion of the Alcohol, Drug Abuse and Mental Health Services (ADMS) and the Emergency Alcohol and Drug Treatment and Rehabilitation (ADTR) Block Grants, other Federal monies, County and local funds, and monies from other sources. Also, total expenditures are reported for forty-eight States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands and for each funding source (see Table 1).

The total monies expended within all forty-eight States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands for alcohol and drug services in those programs receiving at least some State-administered funds during each State's 1988 Fiscal Year (FY) were $2,114,857,286. This total includes $910.1 million (43.0 percent) from State A/D Agency sources, $111.3 million (5.3 percent) from other State agency sources, $355.0 million (16.8 percent) from the ADMS and ADTR Block Grants, $123.9 million (5.9 percent) from other Federal government sources, $191.3 million (9.0 percent) from county or local agency sources, and $423.1 million (20.0 percent) from other sources (e.g., reimbursements from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers).

Caution needs to be exercised in utilizing and interpreting these data. As noted earlier, the data include information only on those programs "which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988." In some States complete information is not available on all funding sources, even for State Alcohol/Drug (A/D) Agency-supported programs. In most instances where such information is not presented, the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented in Table 1 should be used only as gross estimates of the overall level of funding from various sources. It is likely that the "Other State," "Other Federal," "County or Local" and particularly, the "Other Sources" categories actually contribute more funds and higher percents than the figures indicate.

The specific levels of fiscal support contributed by the different sources vary considerably among the States. It is clear, however, that for all States combined and for most States individually, the single largest source of funding during FY 1988 for alcohol and drug services was State revenues. In 38 States and Puerto Rico the State A/D Agency funds constituted the single largest source of funding. The largest revenue source in five States, Guam and the Virgin Islands was the Federal government, primarily through the alcohol and drug abuse share of the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block

TABLE 1

EXPENDITURES FOR STATE-SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES BY STATE AND BY FUNDING SOURCE FOR FISCAL YEAR 1988

STATE	STATE ALCOHOL/ DRUG AGENCY	OTHER STATE AGENCY	ALCOHOL/ DRUG ABUSE BLOCK GRANT	OTHER FEDERAL GOVERNMENT	COUNTY OR LOCAL AGENCIES	OTHER SOURCES	GRAND TOTAL	
Alabama	2,178,625	91,798	5,679,658	304,679	449,287	1,295,004	9,999,051	
Alaska	13,356,800	1,307,965	2,245,900	1,947,691	4,351,482	1,988,209	25,198,047	
Arizona	10,217,844	600,000	5,191,678	N/A	N/A	7,872,020	23,881,542	AB
Arkansas	2,794,180	0	3,636,951	984,279	613,972	0	8,029,382	
California	81,300,000	5,421,000	34,961,000	29,362,000	37,102,465	73,328,205	261,474,670	A
Colorado	8,570,736	3,928,136	4,866,043	944,338	4,278,164	4,930,922	27,518,339	
Connecticut	32,323,405	90,000	6,785,755	2,723,204	0	16,029,459	57,951,823	
Delaware	3,017,991	60,477	1,387,285	45,756	0	9,930	4,521,439	
District of Col	115,437	26,401,256	2,847,030	140,346	0	1,267,218	30,771,287	C
Florida	34,091,580	1,095,000	20,966,923	195,995	18,783,166	0	75,132,664	
Georgia	26,921,692	0	6,599,822	1,205,472	1,142,093	3,450,884	39,319,963	
Guam	N/A	N/A	50,000	N/A	1,755,801	432,777	2,238,578	
Hawaii	1,305,632	429,863	2,111,746	279,877	9,000	973,665	5,109,783	
Idaho	1,812,762	3,500	1,493,432	238,651	0	0	3,548,345	
Illinois	50,624,900	250,000	15,817,000	1,365,000	N/A	N/A	68,056,900	
Indiana	3,212,073	10,803,146	3,614,095	3,049,562	1,426,469	N/A	22,105,345	
Iowa	7,598,499	940,865	4,237,214	194,178	2,117,779	2,595,744	17,684,279	
Kansas	5,771,552	381,408	2,582,561	401,084	1,831,112	3,151,165	14,118,882	
Kentucky	6,964,221	458,817	5,172,666	766,202	366,961	592,810	14,321,677	
Louisiana	3,430,962	0	8,131,299	333,562	0	337,331	12,233,154	
Maine	5,868,238	1,373,363	2,076,382	N/A	N/A	N/A	9,317,983	
Maryland	28,723,191	0	7,128,087	707,935	1,193,895	9,786,834	47,539,942	
Massachusetts	37,027,000	0	9,123,000	4,370,000	0	0	50,520,000	
Michigan	29,380,278	0	16,943,388	2,725,250	10,294,791	22,057,834	81,401,541	
Minnesota	25,376,233	N/A	7,557,468	2,823,500	10,295,424	N/A	46,052,625	
Mississippi	2,459,546	637,535	2,336,329	1,000,000	N/A	N/A	6,433,410	
Missouri	9,659,448	N/A	6,281,567	1,006,273	N/A	N/A	16,947,288	
Montana	526,071	2,075,250	1,415,447	849,801	1,280,180	6,239,852	12,386,601	
Nebraska	4,585,040	0	2,597,903	56,503	570,090	846,593	8,656,129	
Nevada	2,355,706	0	2,038,813	144,450	150,000	2,905,977	7,594,946	D
New Hampshire	1,778,954	0	1,264,073	9,683	0	14,350	3,067,060	
New Jersey	23,483,667	0	8,936,162	4,126,163	2,728,000	6,037,578	45,311,570	
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
New York	234,708,000	4,384,434	44,154,800	336,458	32,225,346	188,399,752	504,208,790	AEFG
North Carolina	13,375,319	N/A	7,929,193	418,425	18,442,516	N/A	40,165,453	
North Dakota	1,272,859	N/A	1,069,173	196,828	N/A	N/A	2,538,860	
Ohio	16,824,275	9,298,292	14,129,867	6,820,720	4,916,003	11,783,068	63,772,225	
Oklahoma	5,828,536	0	3,030,522	651,000	0	0	9,510,058	
Oregon	7,355,621	20,125,396	5,058,083	20,938,578	5,131,311	1,991,929	60,600,918	
Pennsylvania	31,441,249	9,243,489	15,575,217	296,120	6,295,616	23,398,662	86,250,353	
Puerto Rico	16,161,425	2,588,824	4,459,584	1,289,880	N/A	N/A	24,499,713	H
Rhode Island	8,715,799	0	1,815,533	764,000	0	0	11,295,332	IJ
South Carolina	8,672,905	5,138,621	3,486,509	1,666,430	4,045,518	6,458,469	29,468,452	
South Dakota	556,961	497,189	879,006	191,874	605,097	1,384,782	4,114,909	
Tennessee	7,348,068	1,274,701	4,287,392	1,298,958	3,816,970	3,018,560	21,044,649	
Texas	4,739,368	0	17,130,335	2,914,941	0	0	24,784,644	
Utah	5,769,767	1,208,828	2,763,304	699,287	2,825,171	3,219,236	16,485,593	
Vermont	2,122,549	327,645	1,431,446	115,700	0	422,433	4,419,773	
Virgin Islands	259,071	0	377,483	79,000	0	0	715,554	
Virginia	14,136,163	N/A	6,437,879	811,488	10,008,127	5,305,782	36,699,439	
Washington	29,355,372	0	6,150,849	1,057,777	0	0	36,563,998	
West Virginia	2,807,452	857,313	1,393,425	698,730	108,425	2,643,671	8,509,016	
Wisconsin	31,851,900	0	7,389,154	20,379,900	2,181,740	8,962,618	70,765,312	
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
TOTALS	910,134,922	111,294,111	355,025,431	123,927,528	191,341,971	423,133,323	2,114,857,286	
PERCENT OF TOTAL	43.0%	5.3%	16.8%	5.9%	9.0%	20.0%	100.0%	

A = Figures represent allocated funds rather than expenditures.
B = Alcohol/Drug Abuse Block Grant includes $1,374,972 Alcohol and Drug Treatment and Rehabilitation (ADTR) Block Grant monies.
C = Figures based on provisional year end expenditure report.
D = County or Local Agencies category includes required matching funds.
E = Other State Agency category includes lab revenues, methadone registry, capital construction, Medicaid MIS and suballocations from Dept. of Social Services.
F = Other Federal Government category includes the Federal Crime Control and Safe Street Act, Adolescent Detainee Project and Western New York Prevention Project through the Division of Criminal Justice Services.
G = Other Sources category includes Medicaid, client fees, and Juvenile Justice Prevention Funds.
H = Other State Agency category funds are assigned by the State's Legislature for private programs and are not used in the Agency's operations.
I = Figures represent an estimate of expenditures.
J = State Alcohol/Drug Agency category includes substance abuse detox facility, DUI program and Treatment Alternatives to Street Crime (TASC) Program.

N/A = Information not available.

Cautionary Note: In a number of States complete information is not available on all funding sources for State supported programs. In most instances where such information is not presented the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented at the bottom of this table should be used only as gross estimates of the overall levels of funding from various sources. It is likely that the "Other State," "Other Federal," "County or Local" and "Other Sources" categories actually contribute more monies and higher percents than the figures shown.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for "only those programs that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988."

Grant, but also partially through the new Part C, Emergency Alcohol and Drug Treatment and Rehabilitation (ADTR) Block Grant. In one State and the District of Columbia, other State agency monies were the major source of support; in another three States, other sources constituted the largest funding source; within one State, Oregon, other Federal government monies was the major source of support; and within another State, North Carolina, county or local agencies provided the largest source of fiscal support for alcohol and drug abuse services.

2. Financial Expenditures by Type of Program Activity (Table 2)

Within this subsection information is provided on the amount of monies expended during FY 1988 for different types of alcohol and drug program activities. Data are presented on a State-by-State basis for three program activities including treatment, prevention, and other. Total expenditures are reported for each State and for each program activity category (see Table 2).

As noted previously, the total monies expended within the forty-eight States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands during FY 1988 in those programs that received at least some State A/D Agency funds were $2.1 billion. All of these States and Territories were able to report the breakout of the funds into the different types of alcohol and drug program activities. Of the total, approximately $1.6 billion (77.4 percent) was expended for treatment activities, $310.1 million (14.7 percent) for prevention activities, and $167.8 million (7.9 percent) for other activities (e.g., training, research, and administration).

Over the past several years, many States have substantially increased their commitment to and financial expenditures for prevention programs. However, within every State Agency the expenditures for treatment remain much higher than those for prevention. Overall, the expenditures for treatment are over five times as great as for prevention.

3. Comparison of Financial Expenditures for Fiscal Years 1985, 1986, 1987 and 1988 by Total Expenditures, Funding Source and Type of Program Activity (Tables 3, 4, 5)

Detailed comparisons of financial expenditures reported by States in this year's State Alcohol and Drug Abuse Profile (SADAP) with SADAP data collected for FYs 1985, 1986 and 1987 are provided in this subsection. However, comparisons with fiscal data collected in FYs 1982-1984 are not appropriate. Such comparisons would be misleading since there were changes instituted in the specific wording of questions related to States' fiscal resources.

TABLE 2

EXPENDITURES FOR STATE-SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES BY STATE AND BY TYPE OF PROGRAM ACTIVITY FOR FISCAL YEAR 1988

	TYPE OF PROGRAM ACTIVITY			
STATE	TREATMENT	PREVENTION	OTHER	TOTAL
Alabama	8,649,781	1,285,027	64,243	9,999,051
Alaska	18,233,930	4,594,217	2,369,900	25,198,047
Arizona	21,763,260	1,495,722	622,560	23,881,542 A
Arkansas	6,918,652	647,670	463,060	8,029,382
California	172,670,768	51,537,087	37,266,815	261,474,670 A
Colorado	21,801,459	4,128,282	1,588,598	27,518,339
Connecticut	49,893,758	3,312,666	4,745,399	57,951,823
Delaware	3,558,282	251,653	711,504	4,521,439
District of Col	26,026,382	2,831,766	1,913,139	30,771,287
Florida	68,641,360	6,299,039	192,265	75,132,664
Georgia	36,541,409	1,704,415	1,074,139	39,319,963
Guam	1,412,532	124,900	701,146	2,238,578
Hawaii	4,114,328	750,375	245,080	5,109,783
Idaho	2,878,703	364,196	305,446	3,548,345
Illinois	55,587,700	6,382,500	6,086,700	68,056,900
Indiana	19,799,047	1,425,705	880,593	22,105,345
Iowa	14,261,476	3,287,113	135,690	17,684,279
Kansas	11,604,322	1,401,896	1,112,664	14,118,882
Kentucky	11,137,213	2,316,333	868,131	14,321,677
Louisiana	8,879,087	2,005,825	1,348,242	12,233,154 B
Maine	6,518,824	1,824,467	974,692	9,317,983
Maryland	43,090,333	1,521,953	2,927,656	47,539,942
Massachusetts	42,873,000	3,944,000	3,703,000	50,520,000
Michigan	55,701,215	16,990,032	8,710,294	81,401,541
Minnesota	42,712,898	1,685,140	1,654,587	46,052,625
Mississippi	5,902,366	333,571	197,473	6,433,410
Missouri	15,171,486	619,520	1,156,282	16,947,288
Montana	10,352,284	1,582,358	451,959	12,386,601
Nebraska	7,406,901	912,628	336,600	8,656,129
Nevada	6,438,737	559,440	596,769	7,594,946
New Hampshire	1,948,709	683,282	435,069	3,067,060
New Jersey	34,101,018	8,109,901	3,100,651	45,311,570
New Mexico	N/A	N/A	N/A	N/A
New York	392,821,922	72,606,697	38,780,171	504,208,790 A
North Carolina	29,291,600	10,475,147	398,706	40,165,453
North Dakota	2,305,174	125,426	108,260	2,538,860
Ohio	50,793,650	6,792,050	6,186,525	63,772,225
Oklahoma	7,470,813	1,219,465	819,780	9,510,058
Oregon	33,495,078	25,278,972	1,826,868	60,600,918
Pennsylvania	64,407,007	15,001,200	6,842,146	86,250,353
Puerto Rico	15,553,149	3,213,079	5,733,485	24,499,713
Rhode Island	9,431,763	1,371,981	491,588	11,295,332
South Carolina	19,770,764	8,132,998	1,564,690	29,468,452
South Dakota	3,270,592	442,697	401,620	4,114,909
Tennessee	13,879,074	4,551,668	2,613,907	21,044,649
Texas	15,606,521	5,937,483	3,240,640	24,784,644
Utah	12,531,411	3,496,631	457,551	16,485,593
Vermont	2,915,705	1,081,635	422,433	4,419,773
Virgin Islands	628,218	87,336	0	715,554
Virginia	33,035,719	3,663,720	N/A	36,699,439
Washington	34,200,963	879,369	1,483,666	36,563,998
West Virginia	6,896,026	1,288,064	324,926	8,509,016
Wisconsin	52,079,838	9,513,267	9,172,207	70,765,312
Wyoming	N/A	N/A	N/A	N/A
TOTALS	1,636,976,207	310,071,564	167,809,515	2,114,857,286
PERCENT OF TOTAL	77.4%	14.7%	7.9%	100.0%

A = Figures represent allocated funds rather than expenditures.
B = Prevention category includes Primary Prevention only.

N/A = Information not available.

Note: "OTHER" category includes other activities beyond treatment or prevention services, e.g., training, research and administration.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for "only those programs that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988."

In fiscal years 1982, 1983 and 1984, States were asked to "estimate" their current year's fiscal allocation while they were still in the middle of the FY. Thus, the States could only provide "estimates" of dollar allocations for all alcohol and drug services within their States. In 1984, two major refinements were made to the data collection effort: States were asked to report actual allocations for their most recently completed fiscal year (FY 1984) and to provide fiscal information for "only those programs which received at least some funds administered by the State alcohol/drug agency during Fiscal Year 1984." In 1985, a third refinement was added: States were asked to report actual total "expenditures" for FY 1985 rather than "allocations."

A comparison of total expenditures for all funding sources for alcohol and drug abuse services from FY 1985 to FY 1988 in the 50 State Agencies reporting data for all four years, reflects a total dollar increase from FY 1985 to FY 1988 of $750,126,019 or a 55.1 percent increase (see Table 3). While this reflects a positive growth in the overall national fiscal environment, two State Agencies reported a decrease in total expenditures from FY 1985 to FY 1988. And 10 other experienced only modest increases over the three year period. Also, in a few States, the increase in expenditures may reflect not a true increase in services but an improvement in the reporting or data collection system. In addition, it may be worth noting that the dollar increase from FY 1985 to FY 1986 was 19.1 percent, while the increase from FY 1986 to FY 1987 was only 10.2 percent and the increase from FY 1987 to FY 1988 was 17.8 percent, a significant increase over the FY 1986 to FY 1987 change, but still below the increase from FY 1985 to FY 1986.

A comparison of expenditures by funding source from FY 1985 to FY 1988 is also provided (see Table 4). All categories of funding sources reveal significant increases in expenditures from FY 1985 to FY 1988. Caution needs to be exercised when comparing these financial data, however, as some of the apparent increases may be related in part to an improvement in the State's ability to collect and provide data. A comparison of these expenditure data from FY 1985 to FY 1988 document the following increases: "State Alcohol/Drug Agency" (39.0 percent); "Other State Agency" (88.9 percent); "Alcohol/Drug Abuse Block Grants" (50.9 percent); "Other Federal Government" (409.4 percent); "County or Local Agencies" (87.7 percent) and "Other Sources" (46.7 percent), for an overall total increase from FY 1985 to FY 1988 of 55.1 percent. Figure 3, included earlier within the Executive Summary of this document, presents these data in a bargraph format.

Overall expenditures by types of Program Activity for the State Agencies able to report such data for FY 1985 through FY 1988 (see Table 5) reflect a significant growth in expenditures for treatment and prevention. Total expenditures for treatment

TABLE 3

EXPENDITURES FOR STATE-SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES BY STATE FOR FISCAL YEARS 1985, 1986, 1987, AND 1988

STATE	TOTAL ALCOHOL AND DRUG ABUSE SERVICE EXPENDITURES				1985 to 1988 CHANGE
	FY 1985	FY 1986	FY 1987	FY 1988	
Alabama	5,915,793	6,628,533	7,303,100	9,999,051	69.0%
Alaska	19,511,863	18,866,700	21,528,100	25,198,047	29.1%
Arizona	20,218,120	21,273,146	22,377,637	23,881,542	18.1%
Arkansas	5,403,542	5,770,019	6,654,927	8,029,382	48.6%
California	201,933,720	211,861,000	221,072,000	261,474,670	29.5%
Colorado	16,219,222	24,498,392	25,446,218	27,518,339	69.7%
Connecticut	27,087,735	36,290,844	40,466,215	57,951,823	113.9%
Delaware	3,756,902	3,496,879	4,006,730	4,521,439	20.4%
District of Col	18,897,677	23,756,425	26,579,185	30,771,287	62.8%
Florida	42,891,735	62,217,740	74,781,721	75,132,664	75.2%
Georgia	23,797,742	29,029,176	32,145,874	39,319,963	65.2%
Hawaii	3,673,124	4,533,022	4,349,258	5,109,783	39.1%
Idaho	2,822,875	2,878,325	2,405,900	3,548,345	25.7%
Illinois	47,356,816	61,155,276	65,509,900	68,056,900	43.7%
Indiana	17,683,691	21,893,125	21,310,966	22,105,345	25.0%
Iowa	12,281,053	14,938,060	14,637,903	17,684,279	44.0%
Kansas	8,402,000	9,951,855	11,868,600	14,118,882	68.0%
Kentucky	7,900,941	9,497,100	10,371,525	14,321,677	81.3%
Louisiana	12,814,939	14,840,614	11,339,400	12,233,154	-4.5%
Maine	8,632,814	6,398,023	7,310,944	9,317,983	7.9%
Maryland	28,149,997	40,803,832	42,365,613	47,539,942	68.9%
Massachusetts	35,934,301	34,588,516	48,910,423	50,520,000	40.6%
Michigan	65,545,875	77,031,584	80,857,857	81,401,541	24.2%
Minnesota	5,009,800	5,327,587	5,378,812	46,052,625	819.3%
Mississippi	6,826,300	6,094,081	5,527,359	6,433,410	-5.8%
Missouri	11,402,338	13,389,238	16,375,024	16,947,288	48.6%
Montana	8,060,073	9,175,393	9,863,356	12,386,601	7.4%
Nebraska	6,183,667	6,836,388	7,618,509	8,656,129	40.0%
Nevada	6,552,090	5,548,531	5,999,831	7,594,946	15.9%
New Hampshire	2,335,190	2,251,114	2,406,233	3,067,060	31.3%
New Jersey	22,307,000	44,058,000	38,658,000	45,311,570	103.1%
New York	309,368,481	370,369,815	450,522,342	504,208,790	63.0%
North Carolina	29,179,850	28,753,576	34,850,619	40,165,453	37.6%
North Dakota	1,777,000	2,827,269	2,795,597	2,538,860	42.9%
Ohio	35,960,797	68,441,833	36,761,949	63,772,225	77.3%
Oklahoma	5,923,068	10,984,639	11,581,816	9,510,058	60.6%
Oregon	10,915,230	11,324,766	40,171,578	60,600,918	455.2%
Pennsylvania	65,712,000	69,570,000	74,213,581	86,250,353	31.3%
Puerto Rico	17,503,724	17,956,398	21,423,297	24,499,713	40.0%
Rhode Island	7,292,084	7,496,722	9,332,346	11,295,332	54.9%
South Carolina	12,512,296	20,356,999	24,075,988	29,468,452	135.5%
South Dakota	4,015,716	3,479,520	3,976,883	4,114,909	2.5%
Tennessee	10,100,800	14,194,276	19,852,378	21,044,649	108.3%
Texas	20,433,115	14,389,108	14,527,476	24,784,644	21.3%
Utah	12,929,062	15,377,966	17,117,638	16,485,593	27.5%
Vermont	3,778,941	4,957,943	5,441,463	4,419,773	17.0%
Virginia	27,027,873	29,490,704	31,539,019	36,699,439	35.8%
Washington	21,666,028	22,288,236	24,711,601	36,563,998	68.8%
West Virginia	7,447,581	6,851,015	7,800,503	8,509,016	14.3%
Wisconsin	52,724,554	67,863,733	65,971,112	70,765,312	34.2%
TOTALS	1,361,777,135	1,621,853,036	1,792,094,306	2,111,903,154	55.1%

N/A = Information not available.

Note: The FY 1988 totals for this table differ from Tables 1 and 2 because data in this Table are only depicted for those State and Territorial Agencies that reported all four years (ie., data for Guam, New Mexico, Virgin Islands, and Wyoming are thus not included). In addition, for a number of States the increases in expenditures shown include not only actual increases in monies, but also improved and more complete reporting of expenditure information over time.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for "only those programs that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988."

TABLE 4

COMPARISON OF EXPENDITURES FOR ALCOHOL AND DRUG ABUSE SERVICES BY FUNDING SOURCE FOR FISCAL YEARS 1985, 1986, 1987, AND 1988

FUNDING SOURCE	FY 1985	1985-1986 CHANGE	FY 1986	1986-1987 CHANGE	FY 1987	1987-1988 CHANGE	FY 1988	1985 TO 1988 CHANGE
STATE ALCOHOL/ DRUG AGENCY	654,430,812	12.8%	738,498,313	10.3%	814,604,015	11.7%	909,875,851	39.0%
OTHER STATE AGENCY	58,916,203	57.8%	92,950,375	11.5%	103,603,708	7.4%	111,294,111	88.9%
ALCOHOL/DRUG ABUSE BLOCK GRANT	235,051,006	8.1%	254,130,628	6.3%	270,186,698	31.2%	354,597,948	50.9%
OTHER FEDERAL GOVERNMENT	24,313,096	80.7%	43,932,752	17.8%	51,766,318	139.2%	123,848,528	409.4%
COUNTY OR LOCAL AGENCIES	100,983,237	51.1%	152,578,725	7.8%	164,547,873	15.2%	189,586,170	87.7%
OTHER SOURCES	288,082,781	17.9%	339,762,243	14.0%	387,385,694	9.1%	422,700,546	46.7%
GRAND TOTAL	1,361,777,135	19.1%	1,621,853,036	10.5%	1,792,094,306	17.8%	2,111,903,154	55.1%

TABLE 5

COMPARISON OF EXPENDITURES FOR ALCOHOL AND DRUG ABUSE SERVICES BY TYPE OF PROGRAM ACTIVITY FOR FISCAL YEARS 1985, 1986, 1987, AND 1988

TYPE OF ACTIVITY	FY 1985	1985-1986 CHANGE	FY 1986	1986-1987 CHANGE	FY 1987	1987-1988 CHANGE	FY 1988	1985 TO 1988 CHANGE
TREATMENT	1,017,605,931	16.6%	1,186,940,131	13.2%	1,344,060,626	21.6%	1,634,935,457	60.7%
PREVENTION	154,254,660	20.6%	186,016,989	19.6%	222,471,046	39.3%	309,859,328	100.9%
OTHER **	189,916,544	31.1%	248,895,916	-9.4%	225,562,634	-25.9%	167,108,369	-12.0%
GRAND TOTAL	1,361,777,135	19.1%	1,621,853,036	10.5%	1,792,094,306	17.8%	2,111,903,154	55.1%

** "OTHER" Type of Activity category includes activities beyond treatment or prevention services, e.g., training, research and administration.

Note: The FY 1988 totals for these tables differ from Tables 1 and 2 because data in this table are only depicted for those State and Territorial Agencies that reported all four years (ie., data for Guam, New Mexico, Virgin Islands, and Wyoming are thus not included). In addition, for a number of States the increases in expenditures shown include not only actual increases in monies, but also improved and more complete reporting of expenditure information over time.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for "only those programs that received at least some funds administered by the State Alcohol/ Drug Agency during the State's Fiscal Year 1988."

increased by $617,329,526 (60.7 percent) from FY 1985 to FY 1988 and total expenditures for prevention activities increased by $155,604,668 (100.9 percent) for these four years. Expenditures, for other activities, however, decreased by $22,808,175 (12.0 percent). This is due in large part to North Carolina's ability to trace the amount of funds spent on treatment and prevention this year, where in past years this money was grouped together in the other category.

4. Total Number and Percent of Treatment Units that Received Funds Administered by the State Alcohol/Drug Agency in Fiscal Year 1988 (Tables 6,7)

Within this subsection information is provided on the total number of treatment units that received funds administered by the State A/D Agency in FY 1988. The data are presented by primary orientation of the treatment units: alcohol, drug, or combined alcohol/drug. An estimate is also provided indicating the percent of treatment units in the State in FY 1988 that received any funds administered by the State A/D Agency.

The State Agencies identified a total of 6,926 alcohol and/or drug treatment units that received funds administered by the State A/D Agency in FY 1988. With regard to the orientation of the treatment units, 1,806 (26.1 percent) were identified as alcohol units, 1,614 (23.3 percent) as drug units and 3,506 (50.6 percent) were identified as combined alcohol/drug treatment units (see Table 6).

An estimate of the percent of total alcohol and/or drug treatment units in the State that received any funds administered by the State A/D Agency in FY 1988 was provided by 47 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands. The estimate ranged from a State low of 24 percent in Indiana, to a territorial high of 100 percent in the Virgin Islands and a State high of 96 percent in Rhode Island (see Table 7).

Included as Appendix B of this report are State-by-State population, per capita income, population density and State revenue figures to aid in further analyses and interpretation of the financial data. Population data are for July 1, 1986; the population density data are for Calendar Year 1986; the per capita income data are for Calendar Year 1987 and the State revenues reflect each State's Fiscal Year 1986.

5. Information on Medicaid Reimbursement

For the first time as part of the FY 1988 SADAP respondents were asked the following question: "Do you have specific information available on the use of Medicaid funds to support alcohol and/or drug services in your State? _____ Yes _____ No." Representatives from a total of 30 State and Territorial Agencies responded in the affirmative. These States and Territories included the following: Alaska, California, Delaware, Georgia,

TABLE 6

NUMBER OF ALCOHOL AND/OR DRUG TREATMENT UNITS THAT RECEIVED FUNDS ADMINISTERED BY THE STATE ALCOHOL/DRUG AGENCY FOR FISCAL YEAR 1988

STATE	ALCOHOL TREATMENT UNITS	DRUG TREATMENT UNITS	COMBINED ALCOHOL/ DRUG TREATMENT UNITS	TOTAL ALCOHOL/ DRUG TREATMENT UNITS
Alabama	22	6	67	95
Alaska	0	2	39	41
Arizona	26	18	112	156
Arkansas	4	5	19	28
California	635	282	0	917
Colorado	51	6	35	92
Connecticut	27	32	37	96
Delaware	4	4	7	15
District of Col	4	14	8	26
Florida	N/A	N/A	105	105
Georgia	0	4	41	45
Guam	0	0	1	1
Hawaii	1	1	16	18
Idaho	0	0	45	45
Illinois	166	70	34	270
Indiana	0	0	60	60
Iowa	0	0	30	30
Kansas	2	1	40	43
Kentucky	0	0	132	132
Louisiana	0	0	43	43
Maine	0	0	39	39
Maryland	93	154	85	332
Massachusetts	0	7	241	248
Michigan	0	0	283	283
Minnesota	0	0	232	232
Mississippi	26	0	53	79
Missouri	2	4	62	68
Montana	1	3	26	30
Nebraska	0	0	118	118
Nevada	5	1	20	26
New Hampshire	0	5	29	34
New Jersey	151	69	16	236
New Mexico	N/A	N/A	N/A	N/A
New York (A)	311	0	59	370
New York (D)	0	544		544
North Carolina	23	7	41	71
North Dakota	0	0	11	11
Ohio	103	151	67	321
Oklahoma	N/A	N/A	48	48
Oregon	32	4	90	126
Pennsylvania	26	21	276	323
Puerto Rico	12	146	3	161
Rhode Island	15	9	22	46
South Carolina	2	0	38	40
South Dakota	0	0	25	25
Tennessee	0	0	48	48
Texas	2	0	101	103
Utah	8	1	53	62
Vermont	0	0	23	23
Virgin Islands	N/A	N/A	4	4
Virginia	17	12	58	87
Washington	35	29	72	136
West Virginia	0	0	70	70
Wisconsin	0	2	322	324
Wyoming	N/A	N/A	N/A	N/A
TOTALS	1,806	1,614	3,506	6,926
PERCENT OF TOTAL	26.1%	23.3%	50.6%	100.0%

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988."

TABLE 7

ESTIMATE OF PERCENT OF TOTAL ALCOHOL AND/OR DRUG TREATMENT UNITS IN EACH STATE THAT RECEIVED ANY FUNDS ADMINISTERED BY THE STATE ALCOHOL/DRUG AGENCY FOR FISCAL YEAR 1988

STATE	ESTIMATE OF PERCENT OF TOTAL TREATMENT UNITS FUNDED BY STATE AGENCY
Alabama	50
Alaska	79
Arizona	70
Arkansas	68
California	60
Colorado	33
Connecticut	53
Delaware	65
District of Col	60
Florida	58
Georgia	N/A
Guam	5
Hawaii	80
Idaho	65
Illinois	50
Indiana	24
Iowa	52
Kansas	34
Kentucky	60
Louisiana	33
Maine	58
Maryland	52
Massachusetts	85
Michigan	45
Minnesota	75
Mississippi	75
Missouri	41
Montana	75
Nebraska	84
Nevada	33
New Hampshire	33
New Jersey	45
New Mexico	N/A
New York (A)	85
New York (D)	66
North Carolina	71
North Dakota	30
Ohio	60
Oklahoma	50
Oregon	85
Pennsylvania	64
Puerto Rico	95
Rhode Island	96
South Carolina	60
South Dakota	75
Tennessee	60
Texas	32
Utah	60
Vermont	90
Virgin Islands	100
Virginia	75
Washington	44
West Virginia	93
Wisconsin	95
Wyoming	N/A

N/A = Information not available.

A = Alcohol Agency in New York State.
D = Drug Agency in New York State.

Source: State Alcohol and Drug Abuse Profile, FY 1988.

Illinois, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Vermont, Washington and Wisconsin. In the future it is anticipated that NASADAD staff will design and implement a special study to contact these States and collect more detailed information on their initiatives and activities relative to the use of Medicaid funds to support alcohol and/or other drug dependency treatment services.

IV. CLIENT ADMISSIONS TO ALCOHOL AND OTHER DRUG TREATMENT SERVICES

Each State Alcohol and Drug Agency was asked to provide information on client admissions to treatment units that received funds administered by the State Agency during Fiscal year 1988. All but three of the States have combined alcohol and other drug abuse treatment responsibilities within one agency. A number of these agencies have established combined (e.g., substance abuse, chemical dependency) treatment systems and/or client reporting systems and preferred to report combined alcohol and drug client data. However, in response to a specific request from NIAAA and NIDA (each of which has a distinct mandate), NASADAD asked the States separate questions relating to alcohol and other drug abuse treatment services. This was done to obtain data that would be generally consistent with past data collection efforts and to be responsive to those States that have separate alcohol and drug agencies.

In reviewing and interpreting the data in this section of the report, it is important to recognize that the client admissions figures are limited to those treatment units that received at least "some funds administered by the State Alcohol and Drug Agency" during the State's Fiscal Year (FY) 1988. However, States reporting client information on those treatment units that received only partial funding from the State Agency were instructed to report data on all client admissions to the program, not just data on those client admissions supported by State Agency funds. The data presented do not include client admissions to treatment units that did not receive any funds administered by the State Alcohol or Drug Agency during FY 1988. It is also important to recognize that the total number of client admissions reported in the following tables may not always be equal since, in a few cases, the State may have been unable to provide client admissions for all of the categories specified (e.g., some States use different age categories).

The remainder of this section on client admissions to treatment services is organized within two major subsections including:

- Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism; and
- Client Admissions to Treatment Services for Drug Abuse and Dependency.

1. Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism (Tables 8, 9, 10, 11, 12)

This subsection includes client data organized under two topic headings including:

- Client admissions data by environment and type of care; and

- Client admissions data by sex, age and race/ethnicity.

Information on each of these areas is presented within the following paragraphs.

a. Client Admissions Data by Environment and Type of Care

Each State Alcohol (and combined Alcohol and Drug) Agency was asked to provide data on the "number of ALCOHOL treatment client admissions during FY 1988" in all units that received some funds administered by the State Alcohol Agency. The information requested included client admissions data organized by environment (hospital or non-hospital) and by type of care (detoxification, rehabilitation/residential, or outpatient) (see Table 8).

Forty-seven State Agencies, the District of Columbia, Guam, Puerto Rico and the Virgin Islands provided at least some data on the number of total alcohol client treatment admissions during FY 1988 (see the last column in Table 8). The total of reported alcohol client treatment admissions was over 1.2 million. Of these admissions, approximately 81.5 percent (992,685 admissions) were to non-hospital units. However, three States that reported admissions to non-hospital units did not have data available on admissions to hospital units and so the actual number and percent of hospital admissions is likely to be higher than indicated. Forty-five States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands reported a total of 131,070 client admissions to hospital-based treatment units.

Most States also reported data on alcohol client treatment admissions by type of care (detoxification, rehabilitation/residential, or outpatient), as well as by environment (hospital or non-hospital) (see the first six columns of Table 8). Hospitals were used by 20.1 percent of those clients who required detoxification services, and 10.5 percent of those clients who received rehabilitation/residential services. However, the proportions of hospital to non-hospital admissions are even lower for those clients who required outpatient services. With regard to outpatient services, hospital facilities were used for only 6.0 percent of the client admissions, while 94.0 percent of outpatient services were delivered in a non-hospital setting. Since some of the State Agencies reported data in some categories but not in others, caution should be exercised in the interpretation and use of the percent information noted above.

TABLE 8

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT, TYPE OF CARE, AND STATE FOR FISCAL YEAR 1988

STATE	DETOXIFICATION		REHAB/RESIDENTIAL		OUTPATIENT		TOTAL ADMISSIONS BY TYPE OF ENVIRONMENT			TOTAL ADMISSIONS
	HOSPITAL	NON-HOSPITAL	HOSPITAL	NON-HOSPITAL	HOSPITAL	NON-HOSPITAL	HOSPITAL	NON-HOSPITAL	NOT REPORTED	
Alabama	0	360	0	2,061	0	4,231	0	6,652	0	6,652
Alaska	296	1,207	186	2,144	0	4,817	482	8,168	0	8,650
Arizona	1	2,540	0	3,781	5	10,564	6	16,885	0	16,891
Arkansas	0	1,410	0	2,657	0	3,167	0	7,234	0	7,234
California	0	50,000	0	25,000	0	33,000	0	108,000	0	108,000 AB
Colorado	89	35,348	0	2,914	0	12,316	89	50,578	0	50,667 C
Connecticut	3,977	5,437	790	2,885	690	2,651	5,457	10,973	0	16,430 D
Delaware	0	2,783	0	454	0	757	0	3,994	0	3,994
District of Col	0	3,001	0	1,082	0	1,613	0	5,696	0	5,696 E
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60,551	60,551
Georgia	8,372	6,413	0	1,899	0	23,493	8,372	31,805	0	40,177
Guam	0	0	0	0	70	0	70	0	0	70
Hawaii	0	745	0	423	0	669	0	1,837	0	1,837
Idaho	46	846	0	303	0	3,723	46	4,872	0	4,918
Illinois	0	17,667	0	5,741	0	27,236	0	50,644	0	50,644
Indiana	0	4,251	678	2,243	0	5,567	678	12,061	0	12,739
Iowa	0	177	0	2,432	0	15,673	0	18,282	0	18,282
Kansas	0	2,648	0	1,607	0	6,221	0	10,476	0	10,476
Kentucky	1,126	2,141	758	1,564	0	8,695	1,884	12,400	0	14,284
Louisiana	0	1,305	0	1,039	0	6,058	0	8,402	0	8,402
Maine	344	1,063	350	2,277	966	11,395	1,660	14,735	0	16,395
Maryland	0	1,421	0	3,376	0	13,330	0	18,127	0	18,127
Massachusetts	0	29,801	0	9,535	0	31,991	0	71,327	0	71,327
Michigan	0	4,379	0	5,875	0	26,824	0	37,078	0	37,078
Minnesota	0	35,497	3,151	1,652	902	2,953	4,053	40,102	0	44,155
Mississippi	4	31	91	4,324	0	2,784	95	7,139	0	7,234
Missouri	0	12,636	0	5,212	0	5,715	0	23,563	0	23,563
Montana	1,918	79	1,899	735	0	4,214	3,817	5,028	0	8,845
Nebraska	160	7,447	90	2,540	0	9,326	250	19,313	0	19,563
Nevada	0	7,944	0	656	0	720	0	9,320	0	9,320
New Hampshire	0	1,474	0	386	0	2,227	0	4,087	0	4,087
New Jersey	8,508	3,902	219	3,751	1,796	8,050	10,523	15,703	0	26,226
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	38,104	26,559	5,414	14,394	24,522	49,379	68,040	90,332	0	158,372 F
North Carolina	191	6,754	0	1,757	0	10,462	191	18,973	0	19,164
North Dakota	N/A	N/A	N/A	N/A	N/A	1,680	N/A	1,680	0	1,680
Ohio	1,072	4,190	0	3,010	0	11,937	1,072	19,137	0	20,209
Oklahoma	415	74	1,762	2,757	34	2,060	2,211	4,891	0	7,102
Oregon	0	4,926	0	2,658	0	24,994	0	32,578	0	32,578
Pennsylvania	5,056	4,701	435	5,775	0	19,236	5,491	29,712	0	35,203
Puerto Rico	266	0	0	135	0	2,940	266	3,075	0	3,341 G
Rhode Island	2,995	1,766	0	4,304	17	1,795	3,012	7,865	0	10,877
South Carolina	0	3,859	1,104	1,154	0	21,395	1,104	26,408	0	27,512
South Dakota	0	752	0	746	0	2,578	0	4,076	0	4,076
Tennessee	0	1,620	266	1,177	0	4,407	266	7,204	0	7,470
Texas	993	2,804	4	1,988	0	4,861	997	9,653	0	10,650
Utah	32	5,331	79	2,009	0	3,999	111	11,339	0	11,450
Vermont	0	275	0	514	0	2,221	0	3,010	0	3,010
Virgin Islands	0	0	0	50	0	88	0	138	0	138
Virginia	621	5,047	N/A	2,681	297	39,962	918	47,690	0	48,608 A
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	198	376	657	1,850	0	7,915	855	10,141	0	10,996
Wisconsin	4,096	373	1,145	15,648	3,813	14,281	9,054	30,302	32,979	72,335
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	78,880	313,360	19,078	163,155	33,112	516,170	131,070	992,685	93,530	1,217,285
PERCENT OF TOTAL	20.1%	79.9%	10.5%	89.5%	6.0%	94.0%	10.8%	81.5%	7.7%	100.0%

A = Alcohol client admissions data are estimated.
B = Environment categories are residential and non-residential instead of hospital and non-hospital.
C = Figures represent episodes, not admissions.
D = Data are for number of clients served instead of client admissions.
E = Figures are based on provisional year end expenditure report.
F = All client admissions are for calendar year 1987 and are estimated.
G = Figures include only State Agency clientele.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Alcohol Agency during the State's Fiscal Year 1988."

b. Client Admissions Data by Sex, Age and Race/Ethnicity

Each State Alcohol (and combined Alcohol and Drug) Agency was asked to provide data on the "the number of ALCOHOL treatment client admissions during FY 1988" in all units "which received some funds administered by the State Alcohol Agency" in each of a number of specific sex, age, and race/ethnicity categories. Forty-seven States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands reported alcohol client admissions data by sex (see Table 9). Approximately 77.3 percent of the alcohol client admissions were male, and 21.4 percent were female. Data on sex were not reported for 1.3 percent of the alcohol client admissions.

Forty-four States, the District of Columbia, Guam and the Virgin Islands were able to report data by all or at least some of the age categories requested (see Table 10). The percent of client admissions that fell within each of the age range categories requested were as follows:

Age	Percent of Admissions
Under 18	3.8%
18-20	4.5%
21-24	10.3%
25-34	31.0%
35-44	22.7%
45-54	11.3%
55-64	6.1%
65 and over	1.7%
Not reported	8.5%

With regard to alcohol client treatment admissions information by age and by sex, a total of forty-one State Agencies, the District of Columbia, Guam and the Virgin Islands reported at least some relevant data (see Table 11). A number of States have established different age range categories, and they were not able to retrieve or report client information according to some or all of the specific categories requested by NASADAD. The data shown indicates that the male/female ratio increases as age increases. The male/female mix is 65 percent/35 percent in the lowest age group of under 18 and increases steadily to a high of 83 percent male in the highest age group of 65 and over.

With regard to alcohol client treatment admissions information by race/ethnicity, a total of forty-seven State Agencies, the District of Columbia, Guam, Puerto Rico and the Virgin Island provided at least partial data (see Table 12). Among the States reporting data, the percents of client admissions that fell within the race/ethnicity categories specified were as follows:

TABLE 9

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY SEX AND STATE FOR FISCAL YEAR 1988

STATE	SEX MALE	 FEMALE	 NOT REPORTED	TOTAL
Alabama	5,224	1,428	0	6,652
Alaska	6,410	2,240	0	8,650
Arizona	12,341	4,550	0	16,891
Arkansas	6,144	1,090	0	7,234
California	85,300	22,700	0	108,000 A
Colorado	42,675	7,992	0	50,667 B
Connecticut	10,183	2,261	3,986	16,430
Delaware	3,423	571	0	3,994
District of Col	4,616	1,080	0	5,696 C
Florida	46,785	13,766	0	60,551
Georgia	32,510	7,667	0	40,177
Guam	60	10	0	70
Hawaii	1,439	398	0	1,837
Idaho	3,828	1,033	57	4,918
Illinois	38,829	11,815	0	50,644
Indiana	9,800	2,939	0	12,739
Iowa	14,312	3,970	0	18,282
Kansas	8,655	1,821	0	10,476
Kentucky	11,544	2,740	0	14,284
Louisiana	6,719	1,683	0	8,402
Maine	12,688	3,707	0	16,395
Maryland	15,074	3,052	1	18,127
Massachusetts	60,113	11,214	0	71,327
Michigan	29,032	8,046	0	37,078
Minnesota	36,637	7,034	484	44,155
Mississippi	4,410	2,782	42	7,234
Missouri	19,773	3,790	0	23,563
Montana	5,209	3,636	0	8,845
Nebraska	14,741	4,822	0	19,563
Nevada	2,202	531	6,587	9,320
New Hampshire	2,994	1,050	43	4,087
New Jersey	20,703	5,523	0	26,226
New Mexico	N/A	N/A	N/A	N/A
New York	115,612	42,760	0	158,372 D
North Carolina	16,120	3,044	0	19,164
North Dakota	1,204	476	0	1,680
Ohio	15,480	4,729	0	20,209
Oklahoma	5,811	1,291	0	7,102
Oregon	25,187	7,391	0	32,578
Pennsylvania	28,310	6,893	0	35,203
Puerto Rico	3,207	134	0	3,341 E
Rhode Island	8,747	2,130	0	10,877
South Carolina	22,124	4,530	858	27,512
South Dakota	2,970	1,106	0	4,076
Tennessee	5,682	1,788	0	7,470
Texas	5,987	1,194	3,469	10,650
Utah	9,698	1,752	0	11,450
Vermont	2,164	846	0	3,010
Virgin Islands	117	21	0	138
Virginia	31,255	17,353	0	48,608 A
Washington	N/A	N/A	N/A	N/A
West Virginia	9,304	1,692	0	10,996
Wisconsin	57,383	14,948	4	72,335
Wyoming	N/A	N/A	N/A	N/A
TOTALS	940,735	261,019	15,531	1,217,285
PERCENT OF TOTAL	77.3%	21.4%	1.3%	100.0%

A = Alcohol client admissions data are estimated.
B = Figures represent episodes, not admissions.
C = Figures are based on provisional year end expenditure report.
D = All client admissions data are for calendar year 1987 and are estimated.
E = Figures include only State Agency clientele.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Alcohol Agency during the State's Fiscal Year 1988."

TABLE 10

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE AND STATE FOR FISCAL YEAR 1988

STATE	UNDER AGE 18	18 TO 20	21 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	AGE 65 AND OVER	NOT REPORTED	TOTAL
Alabama	62	189	459	2,024	1,391	731	287	85	1,424	6,652
Alaska	418	660	1,015	3,487	1,627	823	564	56	0	8,650
Arizona	664	574	1,861	5,975	4,355	2,137	966	325	34	16,891
Arkansas	155	672	621	2,450	1,639	1,002	545	150	0	7,234
California	2,250	2,800	8,000	39,100	34,150	14,050	6,250	1,400	0	108,000 A
Colorado	853	1,955	4,068	15,725	11,275	5,976	2,691	1,080	7,044	50,667 B
Connecticut	150	451	1,745	4,503	2,923	1,969	N/A	703	3,986	16,430 C
Delaware	12	140	354	689	1,307	1,155	335	N/A	2	3,994 DE
District of Col	16	211	513	2,221	1,482	854	342	57	0	5,696 F
Florida	1,848	3,698	4,929	18,833	18,691	7,756	3,689	1,107	0	60,551
Georgia	498	1,068	3,027	12,406	11,221	7,334	3,499	1,124	0	40,177
Guam	7	7	2	28	22	4	0	0	0	70
Hawaii	254	80	178	755	271	195	69	15	20	1,837
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4,918	4,918
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50,644	50,644
Indiana	624	959	1,889	4,615	2,787	1,203	513	149	0	12,739
Iowa	1,352	2,198	2,908	6,306	3,144	1,278	568	256	272	18,282
Kansas	331	800	1,576	4,158	2,075	890	501	141	4	10,476
Kentucky	636	968	1,753	4,221	3,557	1,610	717	389	433	14,284
Louisiana	288	450	941	3,353	1,943	918	402	107	0	8,402
Maine	1,810	392	1,067	2,465	1,934	669	549	158	7,351	16,395
Maryland	1,404	1,074	2,516	6,727	3,754	1,695	747	209	1	18,127
Massachusetts	1,611	3,655	8,944	25,919	17,231	8,398	4,272	1,297	0	71,327
Michigan	2,599	2,446	5,089	14,587	7,451	3,069	1,227	397	213	37,078
Minnesota	1,618	2,015	3,829	13,486	10,895	6,560	3,494	1,774	484	44,155
Mississippi	145	430	1,005	3,019	1,553	665	304	67	46	7,234
Missouri	579	972	2,520	8,677	5,806	3,113	1,640	252	4	23,563
Montana	840	567	1,006	1,327	3,151	1,189	509	256	0	8,845
Nebraska	1,892	1,432	1,898	5,568	4,072	2,475	1,766	460	0	19,563
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9,320	9,320
New Hampshire	145	286	547	1,607	916	332	161	37	56	4,087
New Jersey	1,707	1,494	3,398	10,510	5,588	2,229	1,003	241	56	26,226
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	7,618	4,751	17,422	43,061	41,604	22,172	19,004	2,740	0	158,372 G
North Carolina	260	650	1,665	6,518	5,033	3,068	1,518	452	0	19,164
North Dakota	69	126	210	648	368	148	76	35	0	1,680
Ohio	1,516	344	2,910	7,760	4,365	2,061	990	263	0	20,209
Oklahoma	278	444	788	2,502	1,605	931	425	129	0	7,102
Oregon	2,284	2,347	4,022	11,166	6,863	3,097	2,330	469	0	32,578
Pennsylvania	1,653	2,003	4,076	13,122	8,025	3,926	1,818	580	0	35,203
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,341	3,341 H
Rhode Island	112	156	354	1,011	468	180	68	19	8,509	10,877
South Carolina	1,305	1,594	2,845	9,381	6,558	3,504	1,655	669	1	27,512
South Dakota	447	347	507	1,152	799	494	228	102	0	4,076
Tennessee	521	439	836	2,817	1,693	769	307	87	1	7,470
Texas	92	302	724	2,679	1,909	927	455	93	3,469	10,650
Utah	398	674	1,130	3,911	2,889	1,430	812	151	55	11,450
Vermont	228	229	504	990	632	297	115	15	0	3,010
Virgin Islands	2	10	29	61	30	4	2	0	0	138
Virginia	1,864	2,530	6,092	14,901	10,777	6,607	3,158	843	1,836	48,608 A
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	626	600	1,348	3,708	2,554	1,441	497	222	0	10,996
Wisconsin	2,135	5,183	12,368	27,006	14,041	6,556	3,444	1,598	4	72,335
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	46,176	55,372	125,488	377,135	276,424	137,891	74,512	20,759	103,528	1,217,285
PERCENT OF TOTAL	3.8%	4.5%	10.3%	31.0%	22.7%	11.3%	6.1%	1.7%	8.5%	100.0%

Note: A number of the States that have the N/A designation collect age related information but not according to the specific age categories shown above.

A = Alcohol client admissions data are estimated.
B = Figures represent episodes, not admissions.
C = Age 21 to 24 category includes Age 21 to 25, Age 25 to 34 category includes Age 26 to 35, Age 35 to 44 category includes Age 36 to 45, Age 45 to 54 category includes Age 46 to 59, Age 55 to 64 category is eliminated, and Age 65 and Over category includes Age 60 and Over.
D = Age 25 to 34 category includes Age 25 to 29, Age 35 to 44 category includes Age 30 to 39, Age 45 to 54 category includes Age 40 to 59, Age 55 to 64 category includes Age 60 and Over, and Age 65 and Over category is eliminated
E = Most youth under the age of 18 are treated by the Department of Children, Youth and Their Families and are not reported here.
F = Figures are based on provisional year end expenditure report.
G = All client admissions data are for calender year 1987 and are estimated.
H = Figures include only State Agency clientele.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Alcohol Agency during the State's Fiscal Year 1988."

TABLE 11

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1988

	UNDER AGE 18				18 TO 20				21 TO 24				25 TO 34				35 TO 44			
STATE	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL
Alabama	35	27		62	150	39		189	386	73		459	1,555	469		2,024	1,089	302		1,391
Alaska	310	108		418	489	171		660	752	263		1,015	2,584	903		3,487	1,206	421		1,627
Arizona	342	322		664	239	335		574	1,410	451		1,861	4,415	1,560		5,975	3,299	1,056		4,355
Arkansas	127	28		155	588	84		672	531	90		621	2,042	408		2,450	1,384	255		1,639
California	1,500	750		2,250	1,980	820		2,800	5,900	2,100		8,000	29,500	9,600		39,100	28,050	6,100		34,150 A
Colorado	625	228		853	1,617	338		1,955	3,309	759		4,068	12,979	2,746		15,725	9,633	1,642		11,275 B
Connecticut	101	49		150	331	120		451	1,313	432		1,745	3,684	819		4,503	2,464	459		2,923 C
Delaware	8	4		12	105	35		140	301	53		354	555	134		689	1,140	167		1,307 DE
District of Col	12	4		16	160	51		211	467	46		513	1,777	444		2,221	1,197	285		1,482 F
Florida	N/A	N/A	1,848	1,848	N/A	N/A	3,698	3,698	N/A	N/A	4,929	4,929	N/A	N/A	18,833	18,833	N/A	N/A	18,691	18,691
Georgia	364	134		498	892	176		1,068	2,413	614		3,027	9,715	2,691		12,406	9,153	2,068		11,221
Guam	6	1		7	7	0		7	2	0		2	25	3		28	17	5		22
Hawaii	146	108		254	68	12		80	150	28		178	605	150		755	211	60		271
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Indiana	N/A	N/A	624	624	N/A	N/A	959	959	N/A	N/A	1,889	1,889	N/A	N/A	4,615	4,615	N/A	N/A	2,787	2,787
Iowa	868	484		1,352	1,691	507		2,198	2,360	548		2,908	5,009	1,297		6,306	2,484	660		3,144
Kansas	242	89		331	667	133		800	1,300	276		1,576	3,424	734		4,158	1,713	362		2,075
Kentucky	476	160		636	818	150		968	1,425	328		1,753	3,442	779		4,221	2,868	689		3,557
Louisiana	194	94		288	343	107		450	766	175		941	2,696	657		3,353	1,559	384		1,943
Maine	1,380	430		1,810	256	136		392	704	363		1,067	1,694	771		2,465	1,403	531		1,934
Maryland	1,009	395		1,404	927	147		1,074	2,081	435		2,516	5,561	1,166		6,727	3,182	572		3,754
Massachusetts	1,061	550		1,611	3,099	556		3,655	7,386	1,558		8,944	21,690	4,229		25,919	14,800	2,431		17,231
Michigan	1,680	919		2,599	1,997	449		2,446	4,145	944		5,089	11,491	3,096		14,587	5,805	1,646		7,451
Minnesota	1,096	522		1,618	1,561	454		2,015	3,029	800		3,829	11,086	2,400		13,486	9,402	1,493		10,895
Mississippi	42	103		145	236	194		430	641	364		1,005	1,988	1,031		3,019	913	640		1,553
Missouri	344	235		579	769	203		972	2,015	505		2,520	7,072	1,605		8,677	5,073	733		5,806
Montana	411	429		840	363	204		567	669	337		1,006	790	537		1,327	1,811	1,340		3,151
Nebraska	1,143	749		1,892	1,047	385		1,432	1,375	523		1,898	4,090	1,478		5,568	3,092	980		4,072
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	84	58	3	145	209	77	0	286	393	147	7	547	1,202	389	16	1,607	673	239	4	916
New Jersey	1,200	507		1,707	1,126	368		1,494	2,614	784		3,398	8,240	2,270		10,510	4,590	998		5,588
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	4,625	2,993		7,618	3,468	1,283		4,751	12,718	4,704		17,422	32,371	10,690		43,061	30,059	11,545		41,604
North Carolina	203	57		260	526	124		650	1,397	268		1,665	5,355	1,163		6,518	4,274	759		5,033
North Dakota	28	41		69	83	43		126	145	65		210	467	181		648	276	92		366
Ohio	1,161	355		1,516	264	80		344	2,229	681		2,910	5,944	1,816		7,760	3,344	1,021		4,365
Oklahoma	204	74		278	352	92		444	640	148		788	2,001	501		2,502	1,322	283		1,605
Oregon	N/A	N/A	2,284	2,284	N/A	N/A	2,347	2,347	N/A	N/A	4,022	4,022	N/A	N/A	11,166	11,166	N/A	N/A	6,863	6,863
Pennsylvania	1,110	543		1,653	1,635	368		2,003	3,278	798		4,076	10,496	2,626		13,122	6,533	1,492		8,025
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A H
Rhode Island	85	27		112	127	29		156	254	100		354	743	268		1,011	358	110		468
South Carolina	961	338	6	1,305	1,248	291	55	1,594	2,290	446	109	2,845	7,487	1,544	350	9,381	5,278	1,033	247	6,558
South Dakota	241	206		447	260	87		347	370	137		507	864	288		1,152	599	200		799
Tennessee	367	154		521	326	113		439	666	170		836	2,152	665		2,817	1,277	416		1,693
Texas	89	3		92	245	57		302	579	145		724	2,159	520		2,679	1,633	276		1,909
Utah	260	138		398	529	145		674	892	238		1,130	3,324	587		3,911	2,523	366		2,889
Vermont	133	95		228	167	62		229	363	141		504	710	280		990	471	161		632
Virgin Islands	2	0		2	10	0		10	22	7		29	53	8		61	25	5		30
Virginia	1,004	860		1,864	1,670	860		2,530	3,948	2,144		6,092	9,619	5,282		14,901	7,086	3,691		10,777 A
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	429	197		626	494	106		600	1,136	212		1,348	3,113	595		3,708	2,226	328		2,554
Wisconsin	1,357	778		2,135	4,017	1,166		5,183	9,781	2,587		12,368	21,707	5,299		27,006	11,107	2,934		14,041
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	27,065	14,346	4,765	46,176	37,156	11,157	7,059	55,372	88,545	25,987	10,956	125,488	267,476	74,679	34,980	377,135	196,602	51,230	28,592	276,424

See footnotes at the bottom of next page.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs
"that received some funds administered by the State Alcohol Agency during the State's Fiscal Year 1988."

TABLE 11

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1988

	45 to 54				55 TO 64				65 and OVER				NOT REPORTED				TOTALS			
STATE	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL
Alabama	602	129		731	220	67		287	69	16		85	1,118	306	0	1,424	5,224	1,428	0	6,652
Alaska	610	213		823	418	146		564	41	15		56	0	0	0	0	6,410	2,240	0	8,650
Arizona	1,633	504		2,137	808	158		966	181	144		325	14	20	0	34	12,341	4,550	0	16,891
Arkansas	851	151		1,002	482	63		545	139	11		150	0	0	0	0	6,144	1,090	0	7,234
California	11,880	2,170		14,050	5,360	890		6,250	1,130	270		1,400	0	0	0	0	85,300	22,700	0	108,000 A
Colorado	5,258	718		5,976	2,353	338		2,691	956	124		1,080	5,945	1,099	0	7,044	42,675	7,992	0	50,667 B
Connecticut	1,723	246		1,969	N/A	N/A	N/A	N/A	567	136		703	N/A	N/A	3,986	3,986	10,183	2,261	3,986	16,430 C
Delaware	1,016	139		1,155	296	39		335	N/A	N/A	N/A	0	2	0	0	2	3,423	571	0	3,994 DE
District of Col	683	171		854	274	68		342	46	11		57	0	0	0	0	4,616	1,080	0	5,696 F
Florida	N/A	N/A	7,756	7,756	N/A	N/A	3,689	3,689	N/A	N/A	1,107	1,107	0	0	0	0	46,785	13,766	0	60,551
Georgia	6,120	1,214		7,334	2,907	592		3,499	946	178		1,124	0	0	0	0	32,510	7,667	0	40,177
Guam	3	1		4	0	0		0	0	0		0	0	0	0	0	60	10	0	70
Hawaii	178	17		195	59	10		69	12	3		15	10	10	0	20	1,439	398	0	1,837
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,828	1,033	57	4,918	3,828	1,033	57	4,918
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	38,829	11,815	0	50,644	38,829	11,815	0	50,644
Indiana	N/A	N/A	1,203	1,203	N/A	N/A	513	513	N/A	N/A	149	149	0	0	0	0	9,800	2,939	0	12,739
Iowa	1,020	258		1,278	458	110		568	209	47		256	213	59	0	272	14,312	3,970	0	18,282
Kansas	751	139		890	430	71		501	125	16		141	3	1	0	4	8,655	1,821	0	10,476
Kentucky	1,330	280		1,610	580	137		717	309	80		389	296	137	0	433	11,544	2,740	0	14,284
Louisiana	742	176		918	330	72		402	89	18		107	0	0	0	0	6,719	1,683	0	8,402
Maine	520	149		669	428	121		549	120	38		158	6,183	1,168	0	7,351	12,688	3,707	0	16,395
Maryland	1,453	242		1,695	671	76		747	190	19		209	N/A	N/A	1	1	15,074	3,052	1	18,127
Massachusetts	7,188	1,210		8,398	3,782	490		4,272	1,107	190		1,297	0	0	0	0	60,113	11,214	0	71,327
Michigan	2,440	629		3,069	994	233		1,227	314	83		397	166	47	0	213	29,032	8,046	0	37,078
Minnesota	5,831	729		6,560	3,057	437		3,494	1,575	199		1,774	N/A	N/A	484	484	36,637	7,034	484	44,155
Mississippi	384	281		665	172	132		304	31	36		67	3	1	42	46	4,410	2,782	42	7,234
Missouri	2,782	331	0	3,113	1,484	156		1,640	231	21		252	3	1	0	4	19,773	3,790	0	23,563
Montana	707	482		1,189	303	206		509	155	101		256	0	0	0	0	5,209	3,636	0	8,845
Nebraska	1,998	477		2,475	1,601	165		1,766	395	65		460	0	0	0	0	14,741	4,822	0	19,563
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2,202	531	6,587	9,320	2,202	531	6,587	9,320
New Hampshire	241	88	3	332	128	32	1	161	26	11	0	37	38	9	9	56	2,994	1,050	43	4,087
New Jersey	1,868	361		2,229	834	169		1,003	187	54		241	44	12	0	56	20,703	5,523	0	26,226
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	16,186	5,986		22,172	13,873	5,131		19,004	2,312	428		2,740	0	0	0	0	115,612	42,760	0	158,372 G
North Carolina	2,670	398		3,068	1,302	216		1,518	393	59		452	0	0	0	0	16,120	3,044	0	19,164
North Dakota	116	32		148	57	19		76	32	3		35	0	0	0	0	1,204	476	0	1,680
Ohio	1,579	482		2,061	758	232		990	201	62		263	0	0	0	0	15,480	4,729	0	20,209
Oklahoma	799	132		931	379	46		425	114	15		129	0	0	0	0	5,811	1,291	0	7,102
Oregon	N/A	N/A	3,097	3,097	N/A	N/A	2,330	2,330	N/A	N/A	469	469	0	0	0	0	25,187	7,391	0	32,578
Pennsylvania	3,272	654		3,926	1,510	308		1,818	476	104		580	0	0	0	0	28,310	6,893	0	35,203
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,207	134	0	3,341	3,207	134	0	3,341 H
Rhode Island	139	41		180	49	19		68	17	2		19	6,975	1,534	0	8,509	8,747	2,130	0	10,877
South Carolina	2,882	562	60	3,504	1,411	215	29	1,655	566	101	2	669	1	0	0	1	22,124	4,530	858	27,512
South Dakota	366	128		494	182	46		228	88	14		102	0	0	0	0	2,970	1,106	0	4,076
Tennessee	591	178		769	234	73		307	68	19		87	1	0	0	1	5,682	1,788	0	7,470
Texas	806	121		927	393	62		455	83	10		93	N/A	N/A	3,469	3,469	5,987	1,194	3,469	10,650
Utah	1,251	179		1,430	739	73		812	136	15		151	44	11	0	55	9,698	1,752	0	11,450
Vermont	222	75		297	87	28		115	11	4		15	0	0	0	0	2,164	846	0	3,010
Virgin Islands	3	1		4	2	0		2	0	0		0	0	0	0	0	117	21	0	138
Virginia	4,370	2,237		6,607	2,066	1,092		3,158	572	271		843	920	916	0	1,836	31,255	17,353	0	48,608 A
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	1,284	157		1,441	421	76		497	201	21		222	0	0	0	0	9,304	1,692	0	10,996
Wisconsin	5,238	1,318		6,556	2,861	583	0	3,444	1,315	283		1,598	N/A	N/A	4	4	57,383	14,948	4	72,335
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	101,586	24,186	12,119	137,891	54,753	13,197	6,562	74,512	15,735	3,297	1,727	20,759	70,045	18,844	14,639	103,528	940,735	261,019	15,531	1,217,285

Note: A number of the States that have the N/A designation collect age-related information but not according to the specific age categories shown above.

A - Alcohol client admissions data are estimated.
B - Figures represent episodes, not admissions.
C - Age 21 to 24 category includes Age 21 to 25, Age 25 to 34 category includes Age 26 to 35, Age 35 to 44 category includes Age 36 to 45,
Age 45 to 54 category includes Age 46 to 59, Age 55 to 64 is eliminated, and Age 65 and Over category includes Age 60 and Over.
D - Age 25 to 34 category includes Age 25 to 28, Age 35 to 44 category includes Age 30 to 39, Age 45 to 54 category includes
Age 40 to 59, Age 55 to 64 category includes Age 60 and Over, and Age 65 and Over category is eliminated.
E - Most youth under the age of 18 are treated by the Department of Children, Youth and Their Families and are not reported here.
F - Figures are based on provisional year end expenditure report.
G - Client admissions are for calendar year 1987 and are estimated.
H - Figures include only State Agency clientele.

N/A - Information not available.
NR - Not Reported.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Alcohol Agency during Fiscal Year 1988."

TABLE 12

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY RACE/ETHNICITY AND STATE FOR FISCAL YEAR 1988

STATE	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	HISPANIC	ASIAN OR PACIFIC ISLANDER	NATIVE AMERICAN	OTHER	NOT REPORTED	TOTAL
Alabama	3,859	1,335	N/A	N/A	N/A	18	1,440	6,652
Alaska	3,810	106	80	16	4,551	71	16	8,650
Arizona	10,605	724	2,564	87	2,805	66	40	16,891
Arkansas	5,737	1,420	28	7	42	0	0	7,234
California	69,550	24,200	10,700	550	2,100	900	0	108,000 A
Colorado	28,427	2,445	10,436	306	1,747	306	7,000	50,667 B
Connecticut	8,941	2,462	1,004	N/A	N/A	36	3,987	16,430
Delaware	2,857	1,050	79	1	3	0	4	3,994
District of Col	399	5,012	114	47	17	57	50	5,696 C
Florida	46,795	10,157	2,725	76	142	656	0	60,551
Georgia	27,614	12,373	66	22	46	56	0	40,177
Guam	17	12	0	41	0	0	0	70
Hawaii	1,090	20	65	455	51	130	26	1,837
Idaho	4,188	29	416	0	184	61	40	4,918
Illinois	32,740	14,809	2,612	56	198	86	143	50,644
Indiana	10,358	2,181	154	8	18	20	0	12,739
Iowa	17,173	457	210	25	218	29	170	18,282
Kansas	8,458	930	586	20	428	16	38	10,476
Kentucky	12,703	978	4	1	2	16	580	14,284
Louisiana	5,557	2,640	165	12	28	0	0	8,402
Maine	8,619	44	N/A	10	557	33	7,132	16,395 D
Maryland	11,971	5,979	N/A	N/A	N/A	176	1	18,127 E
Massachusetts	61,829	4,849	2,302	122	669	1,556	0	71,327
Michigan	30,297	4,945	827	46	782	93	88	37,078
Minnesota	30,903	2,725	819	62	8,626	67	953	44,155
Mississippi	4,201	2,926	0	0	53	0	54	7,234
Missouri	16,153	7,002	206	5	197	0	0	23,563
Montana	7,390	25	121	12	1,287	10	0	8,845
Nebraska	14,292	858	663	18	3,641	28	63	19,563
Nevada	2,352	159	98	8	100	16	6,587	9,320
New Hampshire	4,012	32	9	0	4	0	30	4,087
New Jersey	15,480	8,625	1,954	N/A	55	91	21	26,226
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	107,693	34,050	14,254	475	1,108	792	0	158,372 F
North Carolina	12,724	6,071	32	0	306	25	6	19,164
North Dakota	1,431	1	3	1	223	0	21	1,680
Ohio	15,904	4,002	243	20	40	0	0	20,209
Oklahoma	5,582	619	8	0	893	0	0	7,102
Oregon	27,820	729	1,815	161	2,053	0	0	32,578
Pennsylvania	27,214	7,208	691	36	14	40	0	35,203
Puerto Rico	0	0	3,341	0	0	0	0	3,341 G
Rhode Island	2,029	182	89	N/A	14	54	8,509	10,877
South Carolina	19,484	7,892	73	23	38	1	1	27,512
South Dakota	3,163	23	0	0	860	30	0	4,076
Tennessee	6,110	1,316	7	3	21	11	2	7,470
Texas	4,481	869	1,777	6	51	0	3,466	10,650
Utah	8,242	206	1,205	45	1,525	55	172	11,450
Vermont	3,010	N/A	N/A	N/A	N/A	N/A	N/A	3,010
Virgin Islands	15	86	25	7	0	5	0	138
Virginia	29,795	13,679	645	638	90	121	3,640	48,608 A
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	10,063	902	4	0	1	0	26	10,996
Wisconsin	67,053	2,442	1,048	55	1,737	0	0	72,335
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	860,190	201,786	64,267	3,483	37,525	5,728	44,306	1,217,285
PERCENT OF TOTAL	70.7%	16.6%	5.3%	.3%	3.1%	.5%	3.6%	100.0%

A = Alcohol client admissions data are estimated.
B = Figures represent episodes, not admissions.
C = Figures are based on provisional year end expenditure report.
D = "Other" category includes Hispanics.
E = All non-White, non-Black categories are grouped in the "Other" category.
F = All client admissions data are for calender year 1987 and are estimated.
G = Figures include only State Agency clientele.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Alcohol Agency during the State's Fiscal Year 1988."

Race/Ethnicity	Percent of Admissions
White, not of Hispanic origin	70.7%
Black, not of Hispanic origin	16.6%
Hispanic	5.3%
Asian of Pacific Islander	.3%
Native American (American Indian or Alaskan Native)	3.1%
Other	.5%
Not Reported	3.6%

Since some of the State Agencies reported data in some categories but not in others, caution should be exercised in the interpretation and use of the percent information noted above for both age and race/ethnicity.

2. Client Admissions to Treatment Services for Drug Abuse and Dependency (Tables 13, 14, 15, 16, 17, 18)

This subsection includes client data organized under three topic headings including:

- Client admissions data by environment and modality;
- Client admissions data by sex, age and race/ethnicity; and
- Client admissions data by primary drug of abuse.

Information on each of these areas is presented within the following paragraphs.

a. Client Admissions Data by Environment and Modality

Each State Drug (and combined Alcohol and Drug) Agency was asked to provide data on the "number of DRUG treatment client admissions" in all units which received at least "some funds administered by the State Drug Agency during the State's FY 1988." The information requested included client admissions data organized by environment (hospital, residential, or outpatient) and by modality (detoxification, maintenance, or drug-free) (See Table 13).

A total of 46 State Agencies, the District of Columbia, Guam, Puerto Rico and the Virgin Islands provided at least partial data on drug client treatment admissions by modality and environment. The total of drug client treatment admissions during FY 1988 for these State Agencies was 518,851. Of the drug client admissions, 20,454 (3.9%) were to hospitals, 121,765 (23.5%) to residential facilities, 358,475 (69.1%) to outpatient programs and 18,157 (3.5%) admissions were not specified as to environment.

In terms of treatment modality, 95,932 drug client admissions were for detoxification, 47,608 for maintenance

TABLE 13

PAGE 1 OF 2

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT, TYPE OF MODALITY AND STATE FOR FISCAL YEAR 1988

	DETOXIFICATION				MAINTENANCE			
STATE	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL
Alabama	0	228	0	228	0	0	500	500
Alaska	0	0	22	22	0	0	107	107
Arizona	4	133	152	289	0	0	730	730
Arkansas	0	262	0	262	0	0	0	0
California	0	1,602	26,237	27,839	0	35	6,030	6,065 A
Colorado	0	0	0	0	0	0	700	700 B
Connecticut	1,303	52	723	2,078	0	7	1,172	1,179
Delaware	0	884	0	884	0	0	140	140
District of Col	248	0	827	1,075	0	0	724	724 C
Florida	0	2,292	80	2,372	0	0	902	902
Georgia	1,961	3,525	7	5,493	0	0	433	433
Guam	0	0	3	3	0	0	0	0
Hawaii	0	0	200	200	0	0	179	179
Idaho	0	230	0	230	0	0	0	0
Illinois	0	10,287	0	10,287	0	151	2,253	2,404
Indiana	0	2,071	0	2,071	0	0	199	199
Iowa	0	70	4	74	0	1	110	111
Kansas	0	989	0	989	0	0	0	0
Kentucky	382	611	0	993	0	0	108	108
Louisiana	0	780	0	780	0	621	0	621
Maine	103	318	N/A	421	N/A	N/A	N/A	N/A
Maryland	N/A	N/A	N/A	N/A	0	0	3,645	3,645 D
Massachusetts	0	7,029	0	7,029	0	0	1,848	1,848
Michigan	0	2,709	100	2,809	0	0	1,183	1,183
Minnesota	0	0	0	0	0	0	40	40
Mississippi	1	1	5	7	0	0	0	0
Missouri	0	909	4	913	0	0	364	364
Montana	159	8	0	167	0	0	0	0
Nebraska	19	102	0	121	0	0	89	89
Nevada	0	197	0	197	0	0	200	200
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	0	368	4,745	5,113	0	0	2,076	2,076
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	390	74	1,855	2,319	0	716	14,610	15,326 E
North Carolina	177	0	13	190	0	0	398	398
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	172	0	0	172	0	0	171	171
Oregon	0	569	0	569	0	0	672	672
Pennsylvania	6,484	2,706	9	9,199	0	0	2,011	2,011
Puerto Rico	0	2,330	0	2,330	0	0	1,550	1,550 F
Rhode Island	513	0	99	612	0	0	643	643
South Carolina	0	1,408	61	1,469	0	0	17	17
South Dakota	0	305	0	305	0	0	0	0
Tennessee	0	996	0	996	0	0	169	169
Texas	100	1,851	152	2,103	0	4	650	654
Utah	0	223	0	223	0	48	159	207
Vermont	0	0	0	0	0	0	0	0
Virgin Islands	0	0	0	0	0	28	169	197
Virginia	160	1,302	N/A	1,462	N/A	N/A	750	750 G
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	0	0	0	0	0	0	0	0
Wisconsin	482	37	518	1,037	0	0	296	296
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	12,658	47,458	35,816	95,932	0	1,611	45,997	47,608
PERCENT OF TOTAL	13.2%	49.5%	37.3%	100.0%	.0%	3.4%	96.6%	100.0%

See footnotes at the bottom of next page.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Drug Agency during the State's Fiscal Year 1988."

TABLE 13

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT, TYPE OF MODALITY AND STATE FOR FISCAL YEAR 1988

	DRUG FREE				TOTALS				
STATE	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL	HOSPITAL	RESIDENTIAL	OUTPATIENT	NOT REPORTED	TOTAL
Alabama	0	903	2,759	3,662	0	1,131	3,259	0	4,390
Alaska	0	275	1,124	1,399	0	275	1,253	0	1,528
Arizona	0	642	4,977	5,619	4	775	5,859	0	6,638
Arkansas	0	1,135	1,519	2,654	0	1,397	1,519	0	2,916
California	0	5,516	23,838	29,354	0	7,153	56,105	1,150	64,408 A
Colorado	0	375	2,957	3,332	0	375	3,657	0	4,032 B
Connecticut	0	1,273	2,161	3,434	1,303	1,332	4,056	0	6,691
Delaware	0	124	628	752	0	1,008	768	0	1,776
District of Col	0	486	2,888	3,374	248	486	4,439	0	5,173 C
Florida	117	4,123	10,628	14,868	117	6,415	11,610	0	18,142
Georgia	0	1,610	13,039	14,649	1,961	5,135	13,479	0	20,575
Guam	0	0	20	20	0	0	23	0	23
Hawaii	0	181	604	785	0	181	983	0	1,164
Idaho	0	122	1,558	1,680	0	352	1,558	0	1,910
Illinois	0	3,883	9,958	13,841	0	14,321	12,211	0	26,532
Indiana	331	1,094	2,512	3,937	331	3,165	2,711	0	6,207
Iowa	0	773	3,755	4,528	0	844	3,869	0	4,713
Kansas	0	948	1,352	2,300	0	1,937	1,352	0	3,289
Kentucky	166	790	2,673	3,629	548	1,401	2,781	0	4,730
Louisiana	0	0	3,618	3,618	0	1,401	3,618	0	5,019
Maine	104	680	1,555	2,339	207	998	1,555	0	2,760
Maryland	0	1,508	13,167	14,675	0	1,508	16,812	0	18,320 D
Massachusetts	0	2,979	15,956	18,935	0	10,008	17,804	0	27,812
Michigan	0	5,058	10,284	15,342	0	7,767	11,567	0	19,334
Minnesota	2,725	2,609	2,254	7,588	2,725	2,609	2,294	0	7,628
Mississippi	665	422	1,292	2,379	666	423	1,297	0	2,386
Missouri	0	2,288	3,548	5,836	0	3,197	3,916	0	7,113
Montana	328	362	1,278	1,968	487	370	1,278	0	2,135
Nebraska	0	457	1,554	2,011	19	559	1,643	0	2,221
Nevada	0	548	668	1,216	0	745	868	0	1,613
New Hampshire	0	96	677	773	0	96	677	0	773
New Jersey	0	1,395	5,631	7,026	0	1,763	12,452	0	14,215
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	0	10,637	57,633	68,270	390	11,427	74,098	0	85,915 E
North Carolina	0	373	3,183	3,556	177	373	3,594	0	4,144
North Dakota	N/A	N/A	1,703	1,703	N/A	N/A	1,703	N/A	1,703
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13,280	13,280
Oklahoma	0	1,200	623	1,823	172	1,200	794	0	2,166
Oregon	0	758	4,595	5,353	0	1,327	5,267	0	6,594
Pennsylvania	1,223	6,080	14,058	21,361	7,707	8,786	16,078	0	32,571
Puerto Rico	0	2,345	8,541	10,886	0	4,675	10,091	0	14,766 F
Rhode Island	0	160	2,019	2,179	513	160	2,761	0	3,434
South Carolina	364	136	4,375	4,875	364	1,544	4,453	0	6,361
South Dakota	0	0	2,548	2,548	0	305	2,548	0	2,853
Tennessee	1,097	632	2,922	4,651	1,097	1,628	3,091	0	5,816
Texas	5	3,363	6,165	9,533	105	5,218	6,967	0	12,290
Utah	0	855	955	1,810	0	1,126	1,114	0	2,240
Vermont	0	143	1,153	1,296	0	143	1,153	0	1,296
Virgin Islands	0	0	0	0	0	28	169	0	197
Virginia	77	690	9,555	10,322	237	1,992	10,305	0	12,534 G
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	342	415	1,267	2,024	342	415	1,267	0	2,024
Wisconsin	252	2,254	4,935	7,441	734	2,291	5,749	3,727	12,501
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	7,796	72,696	276,662	357,154	20,454	121,765	358,475	18,157	518,851
PERCENT OF TOTAL	2.2%	20.4%	77.5%	100.0%	3.9%	23.5%	69.1%	3.5%	100.0%

A = The Not Reported column includes clients in other modalities including naltrexon programs.
B = Figures represent episodes, not admissions.
C = Figures are based on provisional year end expenditure report.
D = Maintenance category includes all methadone admissions whether detox or maintenance.
E = New York's Drug Maintenance category does not include 2681 methadone admissions to non-funded programs..
F = Figures include only State Agency clientele.
G = Drug client admissions data are estimated.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received funds administered by the State Drug Agency during the State's Fiscal Year 1988."

and 357,154 for drug-free types of treatment services. Within two of these three types of treatment modalities, the type of environment most often utilized was outpatient. The outpatient environment was utilized for 96.6 percent of the maintenance admissions and 77.5 percent of the drug-free admissions. Residential environments, however, were utilized more than outpatient environments for detoxification admissions. Residential facilities accounted for 49.5 percent of the detoxification admissions while outpatient services accounted for only 37.3 percent of the detoxification admissions.

In interpreting the client admissions data, it is important to note that the figures include only those programs that received some State Drug Agency funds. The data do not include facilities that received no State Drug Agency-administered funds during FY 1987. It is also important to note that some States were not able to report the information in the format requested.

b. Client Admissions Data by Sex, Age and Race/Ethnicity

Each State Drug (and combined Alcohol and Drug) Agency was asked to provide data on "the number of DRUG treatment client admissions during FY 1988" in all units "which received some funds administered by the State Drug Agency" in each of a number of specific sex, age and race/ethnicity categories.

Forty-seven States, the District of Columbia, Puerto Rico and the Virgin Islands reported drug client admissions data by sex (See Table 14). Overall, 66.8 percent of the drug client admissions were male, 32.5 percent were female, and data on sex were not reported for .7 percent of the drug client admissions.

Forty-four State Agencies, the District of Columbia, Guam, Puerto Rico and the Virgin Islands provided at least partial information on drug client admissions by age (see Table 15). The proportions of client admissions that fell within the age-range categories requested were as follows:

Age	Percent of Admissions
Under 18	14.5%
18-20	7.1%
21-24	14.0%
25-34	38.3%
35-44	15.0%
45-54	2.9%
55-64	.9%
65 and over	.3%
Not reported	7.0%

TABLE 14

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY SEX AND STATE FOR FISCAL YEAR 1988

	SEX			
STATE	MALE	FEMALE	NOT REPORTED	TOTAL
Alabama	2,765	1,625	0	4,390
Alaska	1,063	465	0	1,528
Arizona	4,050	2,588	0	6,638
Arkansas	2,063	853	0	2,916
California	39,264	25,144	0	64,408
Colorado	2,826	1,206	0	4,032 A
Connecticut	4,070	1,599	1,022	6,691
Delaware	1,307	469	0	1,776
District of Col	3,935	1,238	0	5,173 B
Florida	12,903	5,239	0	18,142
Georgia	14,219	6,356	0	20,575
Guam	19	4	0	23
Hawaii	687	477	0	1,164
Idaho	1,111	796	3	1,910
Illinois	20,344	6,188	0	26,532
Indiana	4,775	1,432	0	6,207
Iowa	3,231	1,482	0	4,713
Kansas	2,378	911	0	3,289
Kentucky	3,313	1,417	0	4,730
Louisiana	3,558	1,461	0	5,019
Maine	1,937	823	0	2,760
Maryland	14,061	4,259	0	18,320
Massachusetts	19,300	8,512	0	27,812
Michigan	13,617	5,717	0	19,334
Minnesota	5,416	2,210	2	7,628
Mississippi	1,710	648	28	2,386
Missouri	5,182	1,931	0	7,113
Montana	1,456	679	0	2,135
Nebraska	1,302	919	0	2,221
Nevada	1,064	549	0	1,613
New Hampshire	512	242	19	773
New Jersey	9,892	4,323	0	14,215
New Mexico	N/A	N/A	N/A	N/A
New York	50,081	35,834	0	85,915
North Carolina	2,923	1,219	2	4,144
North Dakota	1,183	520	0	1,703
Ohio	8,246	5,008	26	13,280
Oklahoma	1,257	909	0	2,166
Oregon	3,894	2,700	0	6,594
Pennsylvania	20,206	12,365	0	32,571
Puerto Rico	13,424	1,342	0	14,766 C
Rhode Island	2,218	1,216	0	3,434
South Carolina	4,497	1,864	0	6,361
South Dakota	2,055	798	0	2,853
Tennessee	3,704	2,112	0	5,816
Texas	6,930	2,791	2,569	12,290
Utah	1,569	671	0	2,240
Vermont	839	457	0	1,296
Virgin Islands	154	43	0	197
Virginia	8,825	3,709	0	12,534 D
Washington	N/A	N/A	N/A	N/A
West Virginia	1,456	568	0	2,024
Wisconsin	9,826	2,675	0	12,501
Wyoming	N/A	N/A	N/A	N/A
TOTALS	346,617	168,563	3,671	518,851
PERCENT OF TOTAL	66.8%	32.5%	.7%	100.0%

A = Figures represent episodes, not admissions.
B = Figures are based on provisional year end expenditure report.
C = Figures include only State Agency clientele.
D = Drug client admissions data are estimated.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Drug Agency during the State's Fiscal Year 1988."

TABLE 15

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE AND STATE FOR FISCAL YEAR 1988

STATE	UNDER AGE 18	18 TO 20	21 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	AGE 65 AND OVER	NOT REPORTED	TOTAL
Alabama	131	263	476	1,769	669	98	39	89	856	4,390
Alaska	182	198	362	617	123	28	16	2	0	1,528
Arizona	846	368	909	2,693	1,428	280	77	33	4	6,638
Arkansas	257	480	417	1,382	323	30	18	9	0	2,916
California	3,743	4,069	8,357	29,539	14,791	3,012	801	95	1	64,408
Colorado	434	346	581	1,810	700	127	24	10	0	4,032 A
Connecticut	374	426	1,126	2,729	885	115	0	14	1,022	6,691 B
Delaware	7	105	402	518	627	114	3	0	0	1,776 CD
District of Col	39	323	620	1,966	1,294	776	103	52	0	5,173 E
Florida	2,501	1,707	2,962	8,707	1,900	250	88	27	0	18,142
Georgia	658	1,567	4,021	10,741	2,995	375	150	68	0	20,575
Guam	4	2	2	10	5	0	0	0	0	23
Hawaii	340	37	123	522	75	29	21	2	15	1,164
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,910	1,910
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26,532	26,532
Indiana	304	467	920	2,249	1,358	586	250	73	0	6,207
Iowa	615	720	808	1,785	544	87	36	25	93	4,713
Kansas	149	348	639	1,750	358	29	7	6	3	3,289
Kentucky	327	300	558	1,124	1,339	444	260	233	145	4,730
Louisiana	346	446	922	2,514	639	103	36	13	0	5,019
Maine	200	106	287	662	521	180	147	42	615	2,760
Maryland	2,028	1,612	3,249	8,052	2,894	411	63	11	0	18,320
Massachusetts	2,069	2,115	4,474	13,144	4,761	887	255	107	0	27,812
Michigan	1,553	1,494	2,809	8,937	3,099	384	61	27	970	19,334
Minnesota	817	956	1,431	3,260	968	128	34	32	2	7,628
Mississippi	93	222	413	1,101	352	102	53	20	30	2,386
Missouri	514	804	1,376	3,372	900	118	22	5	2	7,113
Montana	399	318	410	440	516	31	13	8	0	2,135
Nebraska	433	255	285	834	298	74	30	12	0	2,221
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,613	1,613
New Hampshire	118	90	142	293	93	22	5	0	10	773
New Jersey	742	869	2,095	7,017	3,080	345	57	10	0	14,215
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	39,402	4,102	8,450	22,460	9,533	1,578	282	52	56	85,915
North Carolina	471	410	639	1,883	638	72	25	4	2	4,144
North Dakota	161	234	245	674	255	78	33	23	0	1,703
Ohio	2,715	998	1,707	4,979	2,015	560	224	76	6	13,280
Oklahoma	175	232	387	1,028	275	51	17	1	0	2,166
Oregon	1,188	505	1,021	2,617	986	178	94	5	0	6,594
Pennsylvania	3,144	3,020	5,123	14,645	5,366	891	311	71	0	32,571
Puerto Rico	2,232	921	4,165	4,690	2,136	553	63	0	6	14,766 F
Rhode Island	332	248	514	1,660	603	66	6	5	0	3,434
South Carolina	818	502	965	2,895	933	118	43	84	3	6,361
South Dakota	551	317	470	1,073	351	60	21	10	0	2,853
Tennessee	580	471	931	2,646	881	173	84	50	0	5,816
Texas	294	960	1,837	4,731	1,579	256	53	11	2,569	12,290
Utah	223	176	370	965	401	70	17	5	13	2,240
Vermont	168	115	211	454	236	95	17	0	0	1,296
Virgin Islands	0	6	50	112	29	0	0	0	0	197
Virginia	1,742	1,065	1,988	5,703	1,635	224	74	86	17	12,534 G
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	361	226	340	602	344	87	42	22	0	2,024
Wisconsin	608	1,171	2,173	5,138	2,065	770	400	176	0	12,501
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	75,388	36,692	72,762	198,492	77,796	15,045	4,475	1,706	36,495	518,851
PERCENT OF TOTAL	14.5%	7.1%	14.0%	38.3%	15.0%	2.9%	.9%	.3%	7.0%	100.0%

Note: A number of the States that have the N/A designation collect age related information but not according to the specific age categories shown above.

A = Figures represent episodes, not admissions.
B = Age 21 to 24 category includes Age 21 to 25, Age 25 to 34 category includes Age 26 to 35, Age 35 to 44 category includes Age 36 to 45, Age 45 to 54 category includes Age 46 to 59, Age 55 to 64 category is eliminated and Age 65 and Over category includes Age 60 and Over.
C = Age 25 to 34 category includes Age 25 to 28, Age 35 to 44 category includes Age 30 to 39, Age 45 to 54 categ includes Age 40 to 59, Age 55 to 64 category includes Age 60 and over, and Age 65 and Over category is eliminat
D = Most youth under the age of 18 are treated by the Department of Children, Youth and Their Families and are not reported here.
E = Figures are based on provisional year end expenditure report.
F = Figures include only State Agency clientele.
G = Drug client admissions data are estimated.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Drug Agency during the State's Fiscal Year 1988."

However, these specific percents should be interpreted with caution since several States reported admissions by some but not all of the age categories specified.

In comparing total drug admissions by age with total alcohol client admissions, it is clear that the drug clients tend to be much younger, while the alcohol clients tend to be older (e.g., 21.6% of drug clients are under 21 years of age compared to only 8.3% of alcohol clients).

With regard to drug client treatment admissions by age and sex, a total of 42 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands provided at least partial data according to the age categories specified (see Table 16). A number of States encountered problems in reporting client admissions data by age and sex combined. The increased male ratio with increased age did not appear as strongly as with alcoholism clients. In fact, male drug client admissions represented 62.5 percent of those over age 65, while male alcohol client admissions represented 82.7 percent of alcohol admissions over age 65.

With regard to drug client treatment admissions information by race/ethnicity, a total of 47 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands provided at least partial data (see Table 17). Among the States reporting data, the percents of client admissions that fell within the race/ethnicity categories specified were as follows:

Race/Ethnicity	Percent of Admissions
White, not of Hispanic origin	52.7%
Black, not of Hispanic origin	25.3%
Hispanic	11.8%
Asian or Pacific Islander	.4%
Native American (American Indian or Alaskan Native)	.9%
Other	.4%
Not Reported	8.4%

A comparison of total drug client admissions with total alcohol client admissions in terms of race/ethnicity, indicates that drug clients include a higher proportion of Blacks, Hispanics, and Asian or Pacific Islanders. The alcohol clients include more Whites (70.7 percent compared to 52.7 percent among drug clients) and Native Americans (3.1 percent as compared to .9 percent among drug client admissions).

c. Client Admissions Data by Primary Drug of Abuse

Each State Drug (and combined Alcohol and Drug) Agency was asked to provide information on the number of client

TABLE 16

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1988

STATE	UNDER AGE 18				18 TO 20				21 TO 24				25 TO 34				35 TO 44			
	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL
Alabama	80	51		131	195	68		263	333	143		476	1,094	675		1,769	431	238		669
Alaska	127	55		182	137	61		198	252	110		362	429	188		617	86	37		123
Arizona	510	336		846	276	92		368	594	315		909	1,506	1,187		2,693	912	516		1,428
Arkansas	180	77		257	385	95		480	295	122		417	964	418		1,382	221	102		323
California	2,582	1,161		3,743	2,552	1,517		4,069	4,500	3,857		8,357	16,517	13,022		29,539	10,044	4,747		14,791
Colorado	348	86		434	269	77		346	404	177		581	1,184	626		1,810	506	194		700 A
Connecticut	274	100		374	345	81		426	767	359		1,126	1,900	829		2,729	668	217		885 B
Delaware	2	5		7	82	23		105	287	115		402	359	159		518	475	152		627 CD
District of Col	31	8		39	251	72		323	353	267		620	1,534	432		1,966	1,022	272		1,294 E
Florida	1,779	722		2,501	1,262	445		1,707	2,059	903		2,962	6,192	2,515		8,707	1,351	549		1,900
Georgia	461	197		658	1,142	425		1,567	2,730	1,291		4,021	7,299	3,442		10,741	2,249	746		2,995
Guam	3	1		4	2	0		2	1	1		2	9	1		10	4	1		5
Hawaii	197	143		340	29	8		37	69	54		123	299	223		522	51	24		75
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Indiana	N/A	N/A	304	304	N/A	N/A	467	467	N/A	N/A	920	920	N/A	N/A	2,249	2,249	N/A	N/A	1,358	1,358
Iowa	397	218		615	548	172		720	597	211		808	1,206	579		1,785	354	190		544
Kansas	106	43		149	276	72		348	469	170		639	1,226	524		1,750	268	90		358
Kentucky	233	94		327	228	72		300	390	168		558	778	346		1,124	930	409		1,339
Louisiana	249	97		346	335	111		446	672	250		922	1,760	754		2,514	467	172		639
Maine	128	72		200	69	37		106	189	98		287	455	207		662	378	143		521
Maryland	1,543	485		2,028	1,338	274		1,612	2,555	694		3,249	5,977	2,075		8,052	2,244	650		2,894
Massachusetts	1,363	706		2,069	1,562	553		2,115	2,986	1,488		4,474	8,996	4,148		13,144	3,534	1,227		4,761
Michigan	1,105	448		1,553	1,143	351		1,494	1,921	888		2,809	6,056	2,881		8,937	2,310	789		3,099
Minnesota	521	296		817	703	253		956	1,008	423		1,431	2,291	969		3,260	767	201		968
Mississippi	76	17		93	171	51		222	298	115		413	752	349		1,101	274	78		352
Missouri	354	160		514	624	180		804	1,035	341		1,376	2,395	977		3,372	666	234		900
Montana	282	117		399	253	65		318	286	124		410	272	168		440	338	178		516
Nebraska	280	153		433	170	85		255	171	114		285	499	335		834	147	151		298
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	77	39	2	118	63	22	5	90	106	32	4	142	188	101	4	293	62	31	0	93
New Jersey	583	159		742	659	210		869	1,440	655		2,095	4,583	2,434		7,017	2,315	765		3,080
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	19,262	20,140		39,402	2,468	1,634		4,102	5,295	3,155		8,450	14,627	7,833		22,460	6,998	2,535		9,533
North Carolina	361	110		471	325	85		410	435	204		639	1,277	606		1,883	457	181		638
North Dakota	99	62		161	169	65		234	185	60		245	455	219		674	184	71		255
Ohio	1,761	949	5	2,715	696	301	1	998	1,121	582	4	1,707	2,997	1,969	13	4,979	1,211	802	2	2,015
Oklahoma	121	54		175	153	79		232	207	180		387	556	472		1,028	184	91		275
Oregon	N/A	N/A	1,188	1,188	N/A	N/A	505	505	N/A	N/A	1,021	1,021	N/A	N/A	2,617	2,617	N/A	N/A	986	986
Pennsylvania	1,802	1,342		3,144	1,904	1,116		3,020	3,221	1,902		5,123	8,794	5,851		14,645	3,848	1,518		5,366
Puerto Rico	2,125	107		2,232	817	104		921	3,732	433		4,165	4,207	483		4,690	1,944	192		2,136 F
Rhode Island	211	121		332	171	77		248	298	216		514	1,063	597		1,660	433	170		603
South Caroline	572	246		818	372	130		502	666	299		965	2,057	838		2,895	682	251		933
South Dakota	342	209		551	238	79		317	357	113		470	794	279		1,073	267	84		351
Tennessee	382	198		580	340	131		471	644	287		931	1,691	955		2,646	518	363		881
Texas	221	73		294	704	256		960	1,283	554		1,837	3,229	1,502		4,731	1,232	347		1,579
Utah	165	58		223	132	44		176	237	133		370	670	295		965	288	113		401
Vermont	109	59		168	81	34		115	139	72		211	293	161		454	151	85		236
Virgin Islands	0	0		0	5	1		6	38	12		50	89	23		112	22	7		29
Virginia	1,226	516		1,742	750	315		1,065	1,400	588		1,988	4,015	1,688		5,703	1,151	484		1,635 G
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	242	119		361	143	83		226	252	88		340	458	144		602	278	66		344
Wisconsin	434	174		608	901	270		1,171	1,699	474		2,173	3,999	1,139		5,138	1,655	410		2,065
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	43,306	30,583	1,499	75,388	25,438	10,276	978	36,692	47,976	22,837	1,949	72,762	127,991	65,618	4,883	198,492	54,577	20,873	2,346	77,796

See footnotes at the bottom of next page.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Drug Agency during the State's Fiscal Year 1988."

TABLE 16

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1988

	45 to 54				55 TO 64				65 and OVER				NOT REPORTED				TOTALS			
STATE	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL	MALE	FEMALE	NR	TOTAL
Alabama	48	50		98	18	21		39	27	62		89	539	317	0	856	2,765	1,625	0	4,390
Alaska	19	9		28	11	5		16	2	0		2	0	0	0	0	1,063	465	0	1,528
Arizona	189	91		280	47	30		77	14	19		33	2	2	0	4	4,050	2,588	0	6,638
Arkansas	10	20		30	4	14		18	4	5		9	0	0	0	0	2,063	853	0	2,916
California	2,307	705		3,012	686	115		801	75	20		95	1	0	0	1	39,264	25,144	0	64,408
Colorado	88	39		127	17	7		24	10			10	0	0	0	0	2,826	1,206	0	4,032 A
Connecticut	103	12		115	0	0		0	13	1		14	N/A	N/A	1,022	1,022	4,070	1,599	1,022	6,691 B
Delaware	101	13		114	1	2		3				0	0	0	0	0	1,307	469	0	1,776 CD
District of Col	613	163		776	83	20		103	48	4		52	0	0	0	0	3,935	1,238	0	5,173 E
Florida	178	72		250	62	26		88	20	7		27	0	0	0	0	12,903	5,239	0	18,142
Georgia	230	145		375	67	83		150	41	27		68	0	0	0	0	14,219	6,356	0	20,575
Guam	0	0		0	0	0		0	0	0		0	0	0	0	0	19	4	0	23
Hawaii	21	8		29	12	9		21	1	1		2	8	7	0	15	687	477	0	1,164
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,111	796	3	1,910	1,111	796	3	1,910
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20,344	6,188	0	26,532	20,344	6,188	0	26,532
Indiana	N/A	N/A	586	586	N/A	N/A	250	250	N/A	N/A	73	73	0	0	0	0	4,775	1,432	0	6,207
Iowa	50	37		87	13	23		36	9	16		25	57	36	0	93	3,231	1,482	0	4,713
Kansas	22	7		29	3	4		7	6	0		6	2	1	0	3	2,370	911	0	3,281
Kentucky	301	143		444	196	64		260	162	71		233	95	50	0	145	3,313	1,417	0	4,730
Louisiana	60	43		103	12	24		36	3	10		13	0	0	0	0	3,558	1,461	0	5,019
Maine	140	40		180	115	32		147	32	10		42	431	184	0	615	1,937	823	0	2,760
Maryland	341	70		411	55	8		63	8	3		11	0	0	0	0	14,061	4,259	0	18,320
Massachusetts	612	275		887	179	76		255	68	39		107	0	0	0	0	19,300	8,512	0	27,812
Michigan	324	60		384	47	14		61	13	14		27	698	272	0	970	13,617	5,717	0	19,334
Minnesota	92	36		128	19	15		34	15	17		32	0	0	2	2	5,416	2,210	2	7,628
Mississippi	76	26		102	44	9		53	17	3		20	2	0	28	30	1,710	648	28	2,386
Missouri	94	24		118	11	11		22	1	4		5	2	0	0	2	5,182	1,931	0	7,113
Montana	16	15		31	7	6		13	2	6		8	0	0	0	0	1,456	679	0	2,135
Nebraska	22	52		74	9	21		30	4	8		12	0	0	0	0	1,302	919	0	2,221
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,064	549	0	1,613	1,064	549	0	1,613
New Hampshire	11	11	0	22	1	3	1	5	0	0	0	0	4	3	3	10	512	242	19	773
New Jersey	267	78		345	39	18		57	6	4		10	0	0	0	0	9,892	4,323	0	14,215
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	1,176	402		1,578	190	92		282	28	24		52	37	19	0	56	50,081	35,834	0	85,915
North Carolina	54	18		72	12	13		25	2	2		4	0	0	2	2	2,923	1,219	2	4,144
North Dakota	55	23		78	22	11		33	14	9		23	0	0	0	0	1,183	520	0	1,703
Ohio	293	266	1	560	125	99	0	224	39	37	0	76	3	3	0	6	8,246	5,008	26	13,280
Oklahoma	26	25		51	9	8		17	1	0		1	0	0	0	0	1,257	909	0	2,166
Oregon	N/A	N/A	178	178	N/A	N/A	94	94	N/A	N/A	5	5	0	0	0	0	3,894	2,700	0	6,594
Pennsylvania	484	407		891	130	181		311	23	48		71	0	0	0	0	20,206	12,365	0	32,571
Puerto Rico	535	18		553	59	4		63	0	0		0	5	1	0	6	13,424	1,342	0	14,766 F
Rhode Island	37	29		66	4	2		6	1	4		5	0	0	0	0	2,218	1,216	0	3,434
South Carolina	67	51		118	19	24		43	61	23		84	1	2	0	3	4,497	1,864	0	6,361
South Dakota	43	17		60	13	8		21	1	9		10	0	0	0	0	2,055	798	0	2,853
Tennessee	81	92		173	37	47		84	11	39		50	0	0	0	0	3,704	2,112	0	5,816
Texas	211	45		256	41	12		53	9	2		11	N/A	N/A	2,569	2,569	6,930	2,791	2,569	12,290
Utah	52	18		70	8	9		17	5	0		5	12	1	0	13	1,569	671	0	2,240
Vermont	55	40		95	11	6		17	0	0		0	0	0	0	0	839	457	0	1,296
Virgin Islands	0	0		0	0	0		0	0	0		0	0	0	0	0	154	43	0	197
Virginia	158	66		224	52	22		74	61	25		86	12	5	0	17	8,825	3,709	0	12,534 G
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	52	35		87	23	19		42	8	14		22	0	0	0	0	1,456	568	0	2,024
Wisconsin	649	121		770	337	63		400	152	24		176	0	0	0	0	9,826	2,675	0	12,501
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	10,363	3,917	765	15,045	2,850	1,280	345	4,475	1,017	611	78	1,706	24,430	8,436	3,629	36,495	346,617	168,563	3,671	518,851

Note: A number of the States that have the N/A designation collect age related information but not according to the specific age categories shown above.

A - Figures represent episodes, not admissions.
B - Age 21 to 24 category includes Age 21 to 25, Age 25 to 34 category includes Age 26 to 35, Age 35 to 44 category includes Age 36 to 45, Age 45 to 54 category includes Age 46 to 59, Age 55 to 64 category is eliminated, and Age 65 and Over category includes Age 60 and Over.
C - Age 25 to 34 category includes Age 25 to 28, Age 35 to 44 category includes Age 30 to 39, Age 45 to 54 category includes Age 40 to 59, Age 55 to 64 category includes Age 60 and Over, and Age 65 and Over category is eliminated.
D - Most youth under the age of 18 are treated by the Department of Children, Youth and Their Families and are not reported here.
E - Figures are based on provisional year end expenditure report.
F - Figures include only State Agency clientele.
G - Drug client admissions data are estimated.

N/A - Information not available.
NR - Not Reported.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Drug Agency during the State's Fiscal Year 1988."

TABLE 17

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY RACE/ETHNICITY AND STATE FOR FISCAL YEAR 1988

STATE	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	HISPANIC	ASIAN OR PACIFIC ISLANDER	NATIVE AMERICAN	OTHER	NOT REPORTED	TOTAL
Alabama	2,398	1,119	N/A	N/A	N/A	10	863	4,390
Alaska	1,001	170	22	5	309	17	4	1,528
Arizona	4,421	457	1,426	49	260	21	4	6,638
Arkansas	2,018	874	9	3	12	0	0	2,916
California	33,513	9,979	19,244	1,157	482	0	33	64,408
Colorado	2,839	346	749	N/A	67	20	11	4,032 AB
Connecticut	3,227	1,527	868	N/A	N/A	46	1,023	6,691
Delaware	772	957	42	0	1	1	3	1,776
District of Col	414	4,637	103	7	12	0	0	5,173 C
Florida	10,897	5,668	1,505	32	40	0	0	18,142
Georgia	9,794	10,707	40	7	11	16	0	20,575
Guam	3	0	0	20	0	0	0	23
Hawaii	564	24	20	465	55	36	0	1,164
Idaho	1,782	12	66	0	36	4	10	1,910
Illinois	17,168	7,765	1,369	30	104	45	51	26,532
Indiana	5,047	1,063	75	4	9	9	0	6,207
Iowa	4,200	318	60	8	51	11	65	4,713
Kansas	2,337	804	78	6	52	8	4	3,289
Kentucky	3,896	619	N/A	N/A	N/A	11	204	4,730
Louisiana	2,693	2,214	98	8	6	0	0	5,019
Maine	2,570	10	N/A	3	167	10	0	2,760 D
Maryland	8,844	9,329	N/A	N/A	N/A	147	0	18,320 E
Massachusetts	19,250	4,797	2,750	95	141	779	0	27,812
Michigan	9,237	8,698	299	19	145	49	887	19,334
Minnesota	5,813	779	77	16	906	35	2	7,628
Mississippi	1,408	936	N/A	N/A	26	0	16	2,386
Missouri	4,795	2,237	58	3	20	0	0	7,113
Montana	1,838	10	43	5	233	6	0	2,135
Nebraska	1,873	216	54	4	62	7	5	2,221
Nevada	1,223	268	78	6	18	20	0	1,613
New Hampshire	730	13	12	3	0	1	14	773
New Jersey	6,682	5,563	1,916	34	13	0	7	14,215
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	21,568	17,044	10,132	87	93	557	36,434	85,915
North Carolina	2,463	1,591	5	0	70	11	4	4,144
North Dakota	1,502	2	5	3	164	0	27	1,703
Ohio	10,121	2,524	111	7	52	51	414	13,280
Oklahoma	1,618	409	5	0	134	0	0	2,166
Oregon	5,683	477	201	35	198	0	0	6,594
Pennsylvania	17,514	13,575	1,409	42	10	21	0	32,571
Puerto Rico	8		14,757	0	0	1	0	14,766 F
Rhode Island	2,868	330	144	6	10	74	2	3,434
South Carolina	3,704	2,631	18	3	5	0	0	6,361
South Dakota	2,184	14	0	0	627	28	0	2,853
Tennessee	3,854	1,930	8	4	3	10	7	5,816
Texas	4,660	2,447	2,575	15	27	0	2,566	12,290
Utah	1,837	97	223	9	33	7	34	2,240
Vermont	1,296	N/A	N/A	N/A	N/A	N/A	N/A	1,296
Virgin Islands	21	153	15	5	0	3	0	197
Virginia	8,022	3,383	125	37	14	0	953	12,534 G
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	1,863	161	0	0	0	0	0	2,024
Wisconsin	9,466	2,411	444	16	164	0	0	12,501
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	273,499	131,295	61,238	2,258	4,842	2,072	43,647	518,851
PERCENT OF TOTAL	52.7%	25.3%	11.8%	.4%	.9%	.4%	8.4%	100.0%

A = Figures represent episodes, not admissions.
B = "Other" category includes Asians and Pacific Islanders.
C = Figures are based on provisional year end expenditure report.
D = "Other" category includes Hispanics.
E = All non-White, non-Black categories are grouped in the "Other" category.
F = Figures include only State Agency clientele.
G = Drug client admissions data are estimated.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Drug Agency during the State's Fiscal Year 1988."

TABLE 18

PAGE 1 OF 2

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE-SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE AND STATE FOR FISCAL YEAR 1988

STATE	HEROIN	NON-RX METHADONE	OTHER OPIATES/ SYNTHETICS	BARBITURATES	TRANQUILIZERS	OTHER SEDATIVES/ HYPNOTICS	AMPHETAMINES	COCAINE
Alabama	276	N/A	277	50	50	51	43	1,178 A
Alaska	144	3	56	3	9	8	28	722
Arizona	1,889	20	203	49	86	57	371	1,689
Arkansas	40	2	181	33	46	67	295	1,015
California	36,689	84	758	96	204	82	5,497	12,825
Colorado	439	4	161	16	48	12	226	1,282
Connecticut	2,923	42	96	7	12	2	6	1,525 B
Delaware	327	6	19	4	7	3	54	1,057
District of Col	1,191	206	0	52	0	0	259	1,862
Florida	925	0	551	81	92	102	96	11,753
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Guam	11	0	0	0	0	0	0	2
Hawaii	397	4	3	4	7	N/A	160	177
Idaho	57	11	39	8	13	15	202	313
Illinois	N/A	N/A	4,432	N/A	N/A	280	336	12,514 CD
Indiana	225	N/A	352	N/A	801	N/A	703	1,043 E
Iowa	378	3	115	75	76	72	374	1,034
Kansas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kentucky	125	N/A	165	76	155	27	76	427
Louisiana	95	9	249	78	117	81	201	2,231
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	6,023	118	300	68	102	48	141	4,313
Massachusetts	14,146	N/A	526	N/A	493	192	108	7,785 F
Michigan	2,685	65	691	50	191	48	205	10,091
Minnesota	206	0	351	0	0	450	809	2,350 GH
Mississippi	14	3	90	63	46	47	36	609
Missouri	721	12	317	79	129	49	451	1,799
Montana	45	N/A	84	38	81	N/A	273	411
Nebraska	117	6	82	26	63	47	136	400
Nevada	358	7	24	8	12	7	192	596
New Hampshire	43	1	10	1	16	1	13	322
New Jersey	8,014	66	240	134	96	44	382	3,846
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	18,212	375	372	170	329	128	245	17,974
North Carolina	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	350	6	368	128	172	145	180	1,426
Oklahoma	94	5	102	55	91	44	375	416 H
Oregon	1,281	13	177	13	29	27	1,650	1,396
Pennsylvania	5,783	86	1,091	262	364	169	1,451	15,811 I
Puerto Rico	6,687	0	15	1,580	0	0	0	3,198 J
Rhode Island	1,214	66	114	22	101	29	31	1,277
South Carolina	498	11	174	74	147	56	102	2,920
South Dakota	7	0	21	38	28	16	0	128
Tennessee	56	14	578	74	109	169	86	1,749 K
Texas	2,185	19	233	71	57	51	1,534	3,383
Utah	419	5	141	50	48	36	205	611
Vermont	19	38	8	9	15	15	43	549
Virgin Islands	43	N/A	N/A	N/A	N/A	N/A	N/A	106
Virginia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
West Virginia	15	5	138	135	216	45	53	635
Wisconsin	1,488	62	1,813	187	701	200	863	2,913
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	116,854	1,377	15,717	3,967	5,359	2,922	18,491	139,663

See footnotes at bottom of next page.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Drug Agency during the State's Fiscal Year 1988."

TABLE 18

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE AND STATE FOR FISCAL YEAR 1988

STATE	MARIJUANA/ HASHISH	PCP	OTHER HALLUCINOGENS	INHALANTS	OVER-THE-COUNTER	OTHER	NOT REPORTED	TOTAL	
Alabama	595	3	8	15	N/A	982	862	4,390	A
Alaska	528	0	16	8	0	3	0	1,528	
Arizona	1,659	15	61	89	13	437	0	6,638	
Arkansas	1,122	12	35	33	10	25	0	2,916	
California	4,775	2,900	224	52	37	140	45	64,408	
Colorado	1,246	1	60	28	16	485	8	4,032	
Connecticut	437	1	19	N/A	1	598	1,022	6,691	B
Delaware	215	17	4	0	2	21	40	1,776	
District of Col	0	1,500	0	0	0	0	103	5,173	
Florida	4,378	4	50	37	10	63	0	18,142	
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	20,575	20,575	
Guam	8	0	2	0	0	0	0	23	
Hawaii	350	N/A	1	7	N/A	1	53	1,164	
Idaho	633	0	15	19	2	581	2	1,910	
Illinois	4,702	N/A	149	173	N/A	347	3,599	26,532	CD
Indiana	2,414	132	331	N/A	N/A	206	0	6,207	E
Iowa	2,396	3	97	42	8	40	0	4,713	
Kansas	N/A	N/A	N/A	N/A	N/A	N/A	3,289	3,289	
Kentucky	700	261	60	14	2	N/A	2,642	4,730	
Louisiana	1,771	60	39	22	9	57	0	5,019	
Maine	N/A	N/A	N/A	N/A	N/A	N/A	2,760	2,760	
Maryland	4,624	2,286	124	113	30	30	0	18,320	
Massachusetts	3,843	N/A	148	N/A	N/A	571	0	27,812	F
Michigan	4,213	31	102	21	14	300	627	19,334	
Minnesota	2,967	0	259	114	0	122	0	7,628	GH
Mississippi	591	3	22	16	8	406	432	2,386	
Missouri	3,110	239	82	56	11	58	0	7,113	
Montana	1,078	12	55	27		31	0	2,135	
Nebraska	885	2	53	18	4	382	0	2,221	
Nevada	282	8	11	5	1	10	92	1,613	
New Hampshire	309	0	13	0	3	22	19	773	
New Jersey	988	85	73	9	8	230	0	14,215	
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
New York	7,049	237	234	31	56	40,309	194	85,915	
North Carolina	N/A	N/A	N/A	N/A	N/A	N/A	4,144	4,144	
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	1,703	1,703	
Ohio	2,876	15	63	72	40	957	6,482	13,280	
Oklahoma	818	66	36	37	4	20	3	2,166	H
Oregon	1,877	8	39	28	6	50	0	6,594	
Pennsylvania	3,658	173	159	60	38	172	3,294	32,571	I
Puerto Rico	2,236	0	0	0	0	1,048	2	14,766	J
Rhode Island	485	4	58	9	17	7	0	3,434	
South Carolina	1,927	65	35	64	23	265	0	6,361	
South Dakota	492	2	16	47	0	2,054	4	2,853	
Tennessee	1,159	3	22	55	8	641	1,093	5,816	K
Texas	1,962	10	51	128	9	20	2,577	12,290	
Utah	603	5	25	25	10	19	38	2,240	
Vermont	396	N/A	7	8	7	63	119	1,296	
Virgin Islands	45	1	N/A	N/A	N/A	N/A	2	197	
Virginia	N/A	N/A	N/A	N/A	N/A	N/A	12,534	12,534	
Washington	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
West Virginia	554	50	39	84	9	14	32	2,024	
Wisconsin	3,625	187	338	62	62	N/A	0	12,501	
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
TOTALS	80,581	8,401	3,235	1,628	478	51,787	68,391	518,851	

A = Alabama's "Other" drug category includes mixed or polydrug abuse where a single primary drug of abuse is not specified.

B = Connecticut's "Other" drug category includes 595 drug treatment admissions where alcohol is the primary drug of abuse.

C = Illinois' "Other Opiates/Synthetics" drug category includes all opiates and synthetics, the "Other Sedatives/Hypnotics" category includes all sedatives and hypnotics, and the "Other Hallucinogens" category includes all hallucinogens.

D = Illinois' "Not Reported" category includes client admissions where there is no primary drug of abuse and client admissions where alcohol is the primary drug of abuse.

E = Indiana's "Other Opiates/Synthetics" category includes Non-rx Methadone and "other sedatives and hypnotics," the "Tranquilizers" category includes barbiturates, and the "Other" category includes inhalants and over-the-counter drugs.

F = Massachusetts "Other Sedatives and Hypnotics" category includes Barbiturates.

G = Minnesota's "Other Sedatives/Hypnotics" category includes Barbiturates.

H = Figures are based on estimates.

I = Pennsylvania's "Not Reported" category includes collaterals.

J = Figures include only State Agency clientele.

K = Tennessee's "Other" drug category includes 497 drug treatment admissions where alcohol is the primary drug of abuse.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Drug Agency during the State's Fiscal Year 1988."

admissions by the primary drug of abuse. Forty-one States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands provided at least partial data in response to this question (see Table 18). The totals indicate that, overall, cocaine admissions overtook heroin admissons as the primary drug of abuse for the highest number of treatment admissions during FY 1988 with a total of 139,663 admissions. The total of cocaine admissions increased by 49,956 in FY 1988, an increase of 59 percent over the past year. Heroin admissions numbered 116,854 up 19 percent from FY 1987. The third highest number of treatment admissions during FY 1987 by primary drug of abuse was for marijuana/hashish at 80,581 admissions. The fourth, fifth and sixth highest primary drugs of abuse related to treatment admissions were, respectively, amphetamines at 18,491 admissions, other opiates/synthetics (beyond heroin and non-treatment methadone) at 15,717 admissions and PCP at 8,401 admissions. Although the national statistics on primary drug of abuse as related to treatment admissions are as noted above, it is important to recognize that there exists tremendous variance among States as to the primary drug of abuse. For example, among the 41 States and Territories that reported relevant data, the findings with regard to the specific primary drug of abuse, excluding the other and not reported categories, the drugs that ranked highest in each State were as follows:

o Marijuana/hashish was the primary drug of abuse related to treatment admissions within 15 States;

o Cocaine was the primary drug of abuse related to treatment admissions within 18 States, the District of Columbia and the Virgin Islands;

o Heroin was the primary drug of abuse related to treatment admissions within 8 States, Guam and Puerto Rico; and

o No other single drug of abuse was ranked first among treatment admissions in any State.

A careful review of Table 18 demonstrates that different States have very different drug abuse patterns, at least as related to the primary drug of abuse for client treatment admissions.

3. Comparisons of Client Admissions Data for Fiscal Years 1985, 1986, 1987 and 1988

This subsection includes comparisons of alcohol and drug client treatment admissions data reported for FY 1988 with that reported for FY 1985, FY 1986 and FY 1987. This material is organized under two topic headings as follows:

- o Comparisons of alcohol client admissions data; and
- o Comparisons of drug client admissions data.

Information on each of these areas is presented within the following paragraphs. Data analyses are included in this subsection only for those States that provided data for all three fiscal years.

a. Comparisons of Alcohol Client Admissions Data

For those State Agencies that provided alcohol client admissions information for FYs 1985, 1986, 1987 and 1988, a number of data comparisons were conducted. Forty-six States, the District of Columbia and Puerto Rico were able to provide information for all four years. The total alcohol client treatment admissions for these State Agencies rose from 1,095,341 in FY 1985 to 1,157,414 in FY 1986 and to 1,251,946 in FY 1987 before dropping to 1,209,975 in FY 1988. Over the three years, alcohol admissions increased by 114,634 or nearly 10.5 percent. However, there exists considerable variability in admissions levels across individual States.

Among the 48 States and Territories that provided data for all four years, admissions were down between FY 1985 and FY 1988 for 21 reporting entities, while admissions were up for 27 reporting entities. Also, among some of the States that reported major increases in alcohol client admissions from FY 1985 to FY 1988 (e.g., New York and Virginia), the changes may be related as much to the utilization of more comprehensive and complete reporting systems as to actual increases in the numbers of clients admitted to services. Therefore, considerable caution should be exercised in the interpretation of these data.

b. Comparisons of Drug Client Admissions Data

A number of comparisons were conducted on data provided by those State Agencies that submitted drug client admissions information for FYs 1985, 1986, 1987 and 1988. Most of these analyses were similar to the alcohol client comparisons. Forty-four States, the District of Columbia and Puerto Rico were able to provide some relevant information for all four years. The total drug client admissions figures for these State Agencies rose from 301,283 in FY 1985 to 370,887 in FY 1986 to 433,839 in FY 1987 and to 511,484 in FY 1988 (an increase of 210,201 admissions or over 69.7 percent during this three-year period). However, these data reveal considerable variability across States in terms of increases and/or decreases in drug client admissions. The overall trend of significant increases in the number of drug client admissions is confirmed by the fact that most of the States and Territories that have comparable drug client treatment admissions data reported an increase in admissions. However, a number of the States have begun to utilize more comprehensive reporting systems. Therefore, considerable caution should be exercised in the interpretation of these data, since it is likely that the increased levels of drug admissions reported by States may be related not only to increased numbers of actual drug clients being admitted to treatment, but also to more complete reporting now possible through more comprehensive and complete data systems (e.g., the addition in some States of drug clients served through the community mental health center service system whose client admissions were not reported in earlier years).

Another comparison of drug client treatment admissions over FYs 1985, 1986, 1987 and 1988 focused on the primary drugs of abuse. An analysis was conducted on roughly comparable data provided by 40 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands on the top three primary drugs of abuse (i.e., heroin, cocaine and marijuana/hashish). The findings were as follows:

CLIENT TREATMENT ADMISSIONS
BY TOP THREE PRIMARY DRUGS OF ABUSE

FISCAL YEAR	Heroin	Cocaine	Marijuana/ Hashish
1985	89,456	39,696	61,900
1986	84,618	55,040	70,959
1987	97,291	82,321	59,569
1988	114,920	134,734	74,583

It is clear that the above data exhibit considerable variation from year to year and caution must be exercised in attempting to extract trend data from only a four-year period. However, the increases in client treatment admissions related to cocaine as a primary drug of abuse are clear and compelling. The data demonstrate an increase of 15,344 admissions or 38.7 percent from FY 1985 to FY 1986, an increase of 27,271 admissions or 49.5 percent from FY 1986 to FY 1987 and an increase of 52,413 or 63.7 percent from FY 1987 to FY 1988. Client treatment admissions with cocaine specified as the primary drug of abuse from FY 1985 to FY 1988 increased by 95,038 admissions or 239.4 percent. Over that same three-year period client admissions related to heroin increased by 28.5 percent, while admissions related to marijuana/hashish increased by 20.5 percent.

4. Information on Collaterals

For the first time as part of the FY 1988 SADAP the State Agency respondents were asked the following question: "Do you collect systematic information on collaterals (e.g., co-dependents, family members or significant others)? _____ Yes ___ No." Representatives from a total of 24 State and Territorial Agencies responded Yes to this question. These States and Territories included the following: Alaska, Arkansas, California, Connecticut, Guam, Iowa, Kansas, Maryland, Massachusetts, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, Ohio, Oklahoma, Pennsylvania, Puerto Rico, Rhode Island, Tennessee, Utah, Vermont and Washington. As with the above question on Medicaid, it is anticipated that in the future NASADAD will plan and implement a special study to contact these States and collect more detailed information on State Agency activities relative to their systems and services related to collaterals.

V. FEDERAL BLOCK GRANT SUPPORT FOR ALCOHOL AND OTHER DRUG TREATMENT SERVICES

Many individuals in the Administration, the Congress and the public are particularly interested in the types of treatment services supported by Federal monies provided to the States. These monies consist of both the alcohol and drug share of the Alcohol, Drug and Mental Health Services (ADMS) Block Grant and the emergency supplemental Alcohol and Drug Treatment and Rehabilitation (ADTR) funds. This section of the report is organized into the following three subsections:

- Federal Funds by Type of Primary Problem;
- Federal Funds by Number of Treatment Units; and
- Federal Support for Treatment Admissions by Type of Primary Problem.

1. Federal Funds by Type of Primary Problem (Table 19)

Within this subsection, information is provided on the amount of Federal ADMS Block Grant and ADTR funds expended during the States' 1988 Fiscal Year (FY) to serve persons with primary alcohol problems, primary drug problems and combined alcohol and drug problems. The total level of Federal money expended by 48 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands during their FY 1988 for alcohol and other drug treatment services was $274,561,870 (see Table 19). It should be noted that this figure does not include Federal money expended for services other than treatment (e.g., prevention, training and research). Also, it does not include some Federal monies that may have been allocated or even obligated by the States in FY 1988 but expended during a later fiscal year.

Of the total of $274,561,870 in Federal monies expended by States in FY 1988 the largest share, $111,080,307, was expended to serve persons with primary drug problems. Also, $85,667,385 was expended to serve persons with primary alcohol problems, and $77,819,178 was expended to serve persons with primary combined alcohol and other drug problems.

2. Federal Funds by Numbers of Treatment Units (Table 20)

Within this subsection, information is provided on the number of alcohol and/or other drug treatment units that received any Federal ADMS Block Grant or ADTR funds. A total of 45 States, the District of Columbia, Puerto Rico and the Virgin Islands reported that 4,786 separate treatment units received some of these federal monies during FY 1988 (see Table 20). Well over half of these treatment units, 2,537, provide services for persons with both alcohol and other drug problems. A total of

TABLE 19
EXPENDITURES OF FEDERAL BLOCK GRANT TREATMENT FUNDS BY STATE AND BY TYPE OF PRIMARY PROBLEM FOR FISCAL YEAR 1988

FEDERAL FUNDS BY TYPE OF PRIMARY PROBLEM

STATE	PRIMARY ALCOHOL	PRIMARY DRUG	COMBINED ALCOHOL/DRUG	TOTAL	
Alabama	1,639,358	1,212,318	2,099,398	4,951,074	
Alaska	N/A	N/A	1,291,400	1,291,400	
Arizona	2,072,206	2,707,952	N/A	4,780,158	
Arkansas	433,703	482,438	1,820,906	2,737,047	
California	8,965,000	24,601,000	0	33,566,000	
Colorado	777,208	918,716	1,387,537	3,083,461	
Connecticut	955,518	1,237,623	2,464,610	4,657,751	
Delaware	563,888	434,448	188,215	1,186,551	
District of Col	335,064	839,717	483,853	1,658,634	
Florida	7,088,048	10,391,416	N/A	17,479,464	
Georgia	3,927,914	1,862,593	0	5,790,507	
Guam	N/A	N/A	50,000	50,000	
Hawaii	78,413	61,563	595,670	735,646	
Idaho	0	0	1,325,987	1,325,987	
Illinois	3,572,400	4,023,300	4,143,300	11,739,000	
Indiana	1,348,451	344,310	1,295,443	2,988,204	
Iowa	1,554,350	1,554,350	N/A	3,108,700	
Kansas	761,555	994,463	0	1,756,018	
Kentucky	3,322,206	830,551	0	4,152,757	
Louisiana	1,146,781	1,077,160	3,622,430	5,846,371	
Maine	N/A	N/A	817,884	817,884	
Maryland	1,591,854	4,470,078	N/A	6,061,932	
Massachusetts	N/A	862,000	3,487,000	4,349,000	
Michigan	10,029,069	3,865,479	N/A	13,894,548	
Minnesota	3,748,675	1,088,325	N/A	4,837,000	
Mississippi	750,534	583,748	668,476	2,002,758	
Missouri	3,082,783	2,236,929	N/A	5,319,712	
Montana	16,571	55,920	1,120,731	1,193,222	
Nebraska	N/A	N/A	2,140,738	2,140,738	
Nevada	722,334	882,853	0	1,605,187	
New Hampshire	N/A	40,728	906,442	947,170	A
New Jersey	957,668	4,932,764	1,130,839	7,021,271	
New Mexico	N/A	N/A	N/A	N/A	
New York	9,521,300	20,404,521	2,215,000	32,140,821	
North Carolina	2,269,301	1,240,918	N/A	3,510,219	
North Dakota	N/A	N/A	1,104,163	1,104,163	
Ohio	3,439,289	7,073,363	N/A	10,512,652	B
Oklahoma	N/A	N/A	2,082,426	2,082,426	
Oregon	N/A	N/A	4,469,207	4,469,207	C
Pennsylvania	N/A	N/A	11,172,878	11,172,878	
Puerto Rico	1,413,160	2,249,160	N/A	3,662,320	
Rhode Island	636,113	703,220	N/A	1,339,333	
South Carolina	1,821,518	1,072,695	0	2,894,213	
South Dakota	339,187	237,465	0	576,652	
Tennessee	N/A	N/A	3,342,450	3,342,450	
Texas	N/A	N/A	12,514,198	12,514,198	
Utah	1,571,688	797,458	N/A	2,369,146	
Vermont	N/A	N/A	1,397,779	1,397,779	
Virgin Islands	210,079	158,580	0	368,659	
Virginia	N/A	N/A	6,323,508	6,323,508	
Washington	1,738,560	3,050,870	N/A	4,789,430	
West Virginia	734,736	313,028	308,686	1,356,450	
Wisconsin	2,525,903	1,186,287	1,848,024	5,560,214	
Wyoming	N/A	N/A	N/A	N/A	
TOTALS	85,662,385	111,080,307	77,819,178	274,561,870	

A = All units providing treatment services are required to treat persons with all drugs of abuse, including alcohol.

B = State Agency does not monitor expenditures and client data of combined alcohol and drug treatment units.

C = Funds are not split between alcohol only treatment units, drug only treatment units and combined treatment units.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988."

TABLE 20

NUMBER OF ALCOHOL AND/OR DRUG TREATMENT UNITS THAT RECEIVED FEDERAL BLOCK GRANT FUNDS BY STATE FOR FISCAL YEAR 1988

NUMBER OF TREATMENT UNITS THAT PROVIDE SERVICES FOR:

STATE	PRIMARY ALCOHOL PROBLEMS	PRIMARY DRUG PROBLEMS	COMBINED ALCOHOL/DRUG PROBLEMS	TOTAL	
Alabama	22	6	67	95	
Alaska	0	0	22	22	
Arizona	26	18	112	156	
Arkansas	4	5	16	25	
California	635	282	0	917	
Colorado	51	6	35	92	
Connecticut	18	20	31	69	
Delaware	6	3	6	15	
District of Col	1	5	2	8	
Florida	47	58	N/A	105	
Georgia	N/A	N/A	N/A	N/A	
Guam	N/A	N/A	N/A	N/A	
Hawaii	1	1	16	18	
Idaho	0	0	45	45	
Illinois	166	70	34	270	
Indiana	0	0	34	34	
Iowa	0	0	30	30	
Kansas	2	1	18	21	
Kentucky	0	0	132	132	
Louisiana	0	0	29	29	
Maine	0	0	39	39	
Maryland	10	32	N/A	42	
Massachusetts	0	7	98	105	
Michigan	N/A	N/A	N/A	N/A	
Minnesota	0	0	203	203	
Mississippi	4	0	50	54	
Missouri	0	2	41	43	
Montana	1	2	22	25	
Nebraska	0	0	118	118	
Nevada	4	2	8	14	
New Hampshire	0	5	29	34	
New Jersey	27	48	10	85	
New Mexico	N/A	N/A	N/A	N/A	
New York	60	123	27	210	A
North Carolina	23	6	0	29	
North Dakota	0	0	11	11	
Ohio	103	151	67	321	B
Oklahoma	N/A	N/A	31	31	
Oregon	32	4	90	126	
Pennsylvania	26	21	276	323	
Puerto Rico	11	60	3	74	
Rhode Island	14	9	14	37	
South Carolina	0	0	37	37	
South Dakota	0	0	25	25	
Tennessee	0	0	48	48	
Texas	0	0	101	101	
Utah	0	2	60	62	
Vermont	0	0	23	23	
Virgin Islands	2	2	0	4	
Virginia	N/A	N/A	87	87	
Washington	N/A	N/A	N/A	N/A	
West Virginia	0	0	70	70	
Wisconsin	0	2	320	322	
Wyoming	N/A	N/A	N/A	N/A	
TOTALS	1,296	953	2,537	4,786	

A = Number of treatment units that provide services for Primary Drug Problems is an estimated number of units that received Federal funds during the State Fiscal Year 1988-1989.

B = Total includes only ADMS treatment unit/client admissions; ADTR figures are not yet available.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988."

1,296 other treatment units concentrate on serving persons with primary alcohol problems, while 953 treatment units concentrate on serving persons with primary drug problems other than alcohol.

3. Federal Funds for Treatment Admissions by Type of Primary Problem (Table 21)

Within this subsection information is provided on the specific number of alcohol and/or other drug treatment admissions supported by Federal monies during the States' FY 1988. The total number of treatment admissions reported by 44 States, the District of Columbia, Guam, Puerto Rico and the Virgin Islands was 1,164,294 (see Table 21). Of this total, 549,081 were alcohol problem admissions, 352,958 were primary combined alcohol and other drug problem admissions, and 262,255 were primary drug problem admissions. It should be noted that due in part to their treatment philosophy and data reporting systems, some States and programs did not report treatment admissions in all three categories. Some States divide all their admissions between primary alcohol problems and primary drug problems, whereas other States feel that there is so much overlap between persons who are dependent on alcohol and other drugs that they reported all of their admissions as combined alcohol and other drug treatment admissions.

TABLE 21
TOTAL NUMBER OF CLIENT ADMISSIONS TO ALCOHOL AND/OR DRUG TREATMENT UNITS THAT RECEIVED FEDERAL BLOCK GRANT FUNDS, BY STATE AND BY TYPE OF PRIMARY PROBLEM FOR FISCAL YEAR 1988.

TOTAL ADMISSIONS BY PRIMARY PROBLEM

STATE	PRIMARY ALCOHOL	PRIMARY DRUG	COMBINED ALCOHOL/DRUG	TOTAL	
Alabama	6,652	4,390	N/A	11,042	
Alaska	5,207	689	N/A	5,896	
Arizona	16,891	6,638	N/A	23,529	
Arkansas	4,702	2,391	3,057	10,150	
California	108,000	64,408	0	172,408	
Colorado	36,237	1,580	22,060	59,877	
Connecticut	2,320	2,116	4,446	8,882	
Delaware	3,955	1,647	0	5,602	
District of Col	2,992	2,836	464	6,292	
Florida	59,443	24,645	N/A	84,088	
Georgia	N/A	N/A	N/A	N/A	
Guam	N/A	N/A	23	23	
Hawaii	700	500	1,801	3,001	
Idaho	0	0	6,828	6,828	
Illinois	50,644	17,776	8,756	77,176	
Indiana	0	0	5,397	5,397	
Iowa	18,171	4,552	N/A	22,723	
Kansas	4,166	3,011	0	7,177	
Kentucky	15,559	5,076	0	20,635	
Louisiana	0	0	11,283	11,283	
Maine	N/A	N/A	19,155	19,155	
Maryland	2,222	12,253	N/A	14,475	
Massachusetts	0	1,811	22,561	24,372	
Michigan	N/A	N/A	N/A	N/A	
Minnesota	N/A	N/A	N/A	N/A	
Mississippi	2,819	2,140	N/A	4,959	
Missouri	7,021	3,660	N/A	10,681	
Montana	180	87	8,675	8,942	
Nebraska	N/A	N/A	21,784	21,784	
Nevada	1,043	1,290	0	2,333	
New Hampshire	0	155	4,705	4,860	
New Jersey	12,241	10,433	927	23,601	
New Mexico	N/A	N/A	N/A	N/A	
New York	18,879	16,302	674	35,855	A
North Carolina	19,164	4,144	N/A	23,308	
North Dakota	N/A	N/A	2,806	2,806	
Ohio	20,209	13,280	N/A	33,489	BC
Oklahoma	N/A	N/A	4,183	4,183	
Oregon	21,697	1,373	16,102	39,172	D
Pennsylvania	1,200	2,500	64,074	67,774	
Puerto Rico	3,068	14,766	7	17,841	
Rhode Island	7,129	3,434	N/A	10,563	
South Carolina	25,550	5,997	0	31,547	
South Dakota	4,076	2,853	0	6,929	
Tennessee	N/A	N/A	12,387	12,387	
Texas	10,650	12,290	N/A	22,940	
Utah	11,450	2,240	N/A	13,690	
Vermont	N/A	N/A	5,306	5,306	
Virgin Islands	138	197	0	335	
Virginia	N/A	N/A	61,142	61,142	
Washington	N/A	N/A	N/A	N/A	
West Virginia	5,528	2,024	5,468	13,020	
Wisconsin	39,178	6,771	38,887	84,836	
Wyoming	N/A	N/A	N/A	N/A	
TOTALS	549,081	262,255	352,958	1,164,294	

A = Number of client admissions with Primary Drug Problems is an estimated number of admissions during the State Fiscal Year 1988-1989.
B = State Agency does not monitor expenditures and client data of combined alcohol and drug treatment units.
C = Total includes only ADMS treatment unit/client admissions; ADTR figures are not yet available.
D = Primary Alcohol and Primary Drug Problem categories indicate single drug abuse clients; Primary Combined Alcohol/Drug Problem category indicates multiple drug abuse clients.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988."

VI. INTRAVENOUS (IV) DRUG ABUSE (Tables 22, 23)

Each State Alcohol and Drug Agency was asked to provide estimates relating to IV drug abuse for Fiscal Year (FY) 1988 for the total number of client admissions to treatment and the total number of IV drug abusers in the State. With regard to the number of admissions of IV drug abusers to State-funded and non-State-funded programs the State Agencies were asked to indicate the basis for their estimate (i.e., "individual client data" and/or informed "guesstimate"). Agencies within a total of 46 States, the District of Columbia, Guam and Puerto Rico were able to provide an estimate for at least one of the two questions (See Table 22).

There were 43 responses to the question on the total number of drug treatment client admissions to State-funded programs during FY 1988 who were reported as IV drug abusers. The number of IV drug abuser client treatment admissions ranged from a high of 38,058 in California to a low of 60 in Vermont and 8 in Guam. The total number of IV drug abuser client treatment admissions to State-funded-programs reported by the 43 respondents for FY 1988 was 162,929.

With regard to a question on the total number of IV drug abuser treatment client admissions to non-State-funded programs during FY 1988, responses were received from 21 States and Guam. The number of such admissions in States ranged from a high of 29,071 in California to a low of 41 in South Dakota and 0 in Guam. The total number of IV drug abuser treatment client admissions to non-State funded programs reported for FY 1988 was 60,887. The combined total of IV drug abuser treatment client admissions to both State-funded programs and non-State-funded programs for FY 1988 was 223,816.

Thirty-six (36) States, the District of Columbia and Guam were able to provide estimates on the total number of IV drug abusers in the State. The highest estimates of IV drug abusers were provided by New York, California and Pennsylvania, in that order. New York estimated 260,000, California estimated 222,000 and Pennsylvania estimated 115,000 IV drug abusers in the State. The total number of IV drug abusers across the country as estimated by the 38 State Agency respondents is 1,344,788.

State Alcohol and Drug Agency representatives were also asked to indicate whether or not they had "any information on Human Immunodeficiency (HIV) infection rates among IV drug users." Respondents from 25 States, the District of Columbia and Puerto Rico indicated that they did have some relevant data. Representatives from these States were then asked to provided relevant information on the range of HIV infection rates. Among the 27 respondents, the lowest rate ranging from 0 to 1 percent was reported by the State of Arizona while the highest rates of up to 60 percent were reported by the States of New Jersey, New York and Pennsylvania. Other high HIV infection rates among IV

TABLE 22

INTRAVENOUS (IV) DRUG ABUSER CLIENT TREATMENT ADMISSIONS TO STATE-AND NON-STATE-FUNDED PROGRAMS AND ESTIMATES OF TOTAL IV ABUSERS BY STATE FOR FISCAL YEAR 1988

STATE	NUMBER OF ADMISSIONS IN STATE FUNDED PROGRAMS WHO WERE IV DRUG ABUSERS	BASIS OF ESTIMATE	NUMBER OF ADMISSIONS IN NON-STATE FUNDED PROGRAMS WHO WERE IV DRUG ABUSERS	BASIS OF ESTIMATE	ESTIMATED TOTAL NUMBER IV DRUG ABUSERS IN STATE
Alabama	N/A	N/A	N/A	N/A	10,250
Alaska	564	G	118	G	3,410
Arizona	2,336	G	N/A	N/A	38,263
Arkansas	815	G/IND	N/A	N/A	8,150
California	38,058	IND	29,071	IND	222,000 A
Colorado	819	IND	N/A	N/A	12,000
Connecticut	4,833	IND	241	G	35,000
Delaware	1,489	G/IND	N/A	N/A	13,368 B
District of Col	2,638	G/IND	N/A	N/A	16,000
Florida	8,511	G	3,059	G	65,614
Georgia	4,600	G	N/A	N/A	27,600 C
Guam	8	IND	0	IND	75
Hawaii	446	IND	N/A	N/A	10,000
Idaho	630	IND	N/A	N/A	2,517
Illinois	5,994	IND	695	IND	92,000
Indiana	2,026	G	4,233	G	28,220
Iowa	1,294	IND	1,200	G	20,783
Kansas	700	G	1,255	G	N/A
Kentucky	330	G	N/A	N/A	5,000
Louisiana	N/A	N/A	N/A	N/A	N/A
Maine	N/A	N/A	N/A	N/A	950
Maryland	8,105	IND	1,439	IND	42,000
Massachusetts	10,044	IND	2,000	G	40,000
Michigan	4,000	G/IND	3,000	G	N/A
Minnesota	1,500	G	1,500	G	4,500
Mississippi	N/A	N/A	N/A	N/A	N/A
Missouri	2,500	IND	4,900	G	22,000
Montana	600	G	N/A	N/A	2,500
Nebraska	218	G	N/A	N/A	870
Nevada	870	G	200	G	5,800
New Hampshire	220	IND	352	G	9,843
New Jersey	7,125	IND	250	IND	40,000
New Mexico	N/A	N/A	N/A	N/A	N/A
New York	14,970	IND	2,208	IND	260,000
North Carolina	N/A	N/A	N/A	N/A	N/A
North Dakota	N/A	N/A	N/A	N/A	50,100
Ohio	1,047	IND	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A	N/A
Oregon	2,253	IND	N/A	N/A	25,000 D
Pennsylvania	12,500	IND	200	G	115,000
Puerto Rico	4,942	G	N/A	N/A	N/A
Rhode Island	1,649	G	N/A	N/A	8,245
South Carolina	1,000	G	N/A	N/A	N/A
South Dakota	112	IND	41	IND	1,530
Tennessee	1,729	IND	N/A	N/A	N/A
Texas	4,807	IND	4,800	G	60,000
Utah	840	G	N/A	N/A	N/A
Vermont	60	G/IND	N/A	N/A	N/A
Virgin Islands	N/A	N/A	N/A	N/A	N/A
Virginia	2,400	G	N/A	N/A	N/A
Washington	N/A	N/A	N/A	N/A	25,000
West Virginia	172	G	N/A	N/A	200
Wisconsin	3,175	G	125	G	21,000
Wyoming	N/A	N/A	N/A	N/A	N/A
TOTALS	162,929		60,887		1,344,788

A = California's 29,071 IV drug abuse admissions into non-State funded programs were methadone clients only.
B = Figure represents a combination of direct and indirect measures.
C = Figure represents metro Atlanta admissions only.
D = 2,253 admissions into State-funded programs do not include IV drug abusers in drug detox because those data were not available.

N/A = Information not available.

G = Guesstimate of number of admissions who were IV drug abusers.
IND = Individual client data were used to determine numbers of admissions who were IV drug abusers.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for "only those programs that received some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988."

TABLE 23

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION RATES AMONG INTRAVENOUS (IV) DRUG ABUSERS BY STATE FOR FISCAL YEAR 1988

STATE	DATA AVAILABLE	RANGE OF INFECTION RATES BY PERCENT	
		LOW	HIGH
Alabama	NO	--	--
Alaska	NO	--	--
Arizona	YES	0	1
Arkansas	NO	--	--
California	YES	2	24
Colorado	YES	3	7
Connecticut	YES	21	N/A
Delaware	YES	4	8
District of Col	YES	N/A	N/A
Florida	YES	17	22
Georgia	YES	0	35
Guam	NO	--	--
Hawaii	YES	3	5
Idaho	NO	--	--
Illinois	YES	11	20
Indiana	YES	7	N/A
Iowa	NO	--	--
Kansas	NO	--	--
Kentucky	NO	--	--
Louisiana	YES	0	15
Maine	NO	--	--
Maryland	YES	0	29
Massachusetts	YES	30	40
Michigan	YES	4	8
Minnesota	YES	1	2
Mississippi	NO	--	--
Missouri	YES	1	5
Montana	NO	--	--
Nebraska	NO	--	--
Nevada	YES	5	8
New Hampshire	NO	--	--
New Jersey	YES	10	60 A
New Mexico	N/A	--	--
New York	YES	50	60 B
North Carolina	NO	--	--
North Dakota	NO	--	--
Ohio	YES	N/A	N/A C
Oklahoma	NO	--	--
Oregon	YES	3	8
Pennsylvania	NO	--	--
Puerto Rico	YES	50	60
Rhode Island	NO	--	--
South Carolina	NO	--	--
South Dakota	NO	--	--
Tennessee	NO	--	--
Texas	YES	3	51
Utah	NO	--	--
Vermont	YES	11	17
Virgin Islands	NO	--	--
Virginia	NO	--	--
Washington	YES	N/A	N/A
West Virginia	NO	--	--
Wisconsin	YES	3	6
Wyoming	N/A	--	--

A = New Jersey's percent of HIV infection among drug abusers varies according to geographic location; the low 10 percent infection rate is in the southern area of the State, whereas the high 60 percent infection rate is in the northern part of the State, particularly the area close to New York City.

B = New York estimates that 50-60 percent of IV drug abusers are sero-positive. Estimates are that at least 25-30 percent will develop AIDS within seven years of initial infection. Given these estimates, approximately 37,000 IV drug abusers could enter the terminal stages of HIV disease during the next seven years.

C = Ohio did not provide estimates of HIV infection among HIV drug abusers; however 2.2% of the IV drug abusers at counseling and testing sites tested positive for the HIV virus, and 14% of the diagnosed AIDS cases were related to IV drug abuse.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1988; data are included for only those programs "that received some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1988."

drug abusers were also reported by Georgia (0 to 35 percent), Maryland (0 to 29 percent), Massachusetts (30 to 40 percent) and Texas (3 to 51 percent).

Since many of the figures provided on HIV infection rates are estimates based on limited data, they should be interpreted with extreme caution. Nevertheless, at least two significant conclusions are evident. First, it is clear that many States already have high rates of HIV infection among IV drug abusers. However, it is also clear that the rates of HIV infection vary tremendously not only across different States, but also within the same State (e.g., the range of 3 percent to 51 percent in Texas). This fact is significant because it means that in many areas there still exists the opportunity to prevent further spread of the infection. The provision of expanded and more intensive drug treatment services, together with other appropriate prevention programs, can still prevent or at least reduce the further spread of HIV and AIDS.

VII. STATE MODEL PRODUCT AVAILABILITY

In order to identify current model product availability within each State, the State Alcohol and Drug Abuse Agency representatives were asked to list products that would be of interest to other States and that could possibly either be replicated or used by other State agencies. A total of 46 State Agency representatives responded to this question. See Appendix C for a summary of the State-by-State data provided.

The majority of the product categories reported by the States included: prevention plans/models; treatment plans/models; materials on AIDS/HIV; program certification/licensure/accreditation standards; counselor certification/licensing and training standards; needs assessments and surveys; and State planning and administrative documents. Other materials mentioned by the State Agency representatives ranged from reports on special populations such as the hearing impaired and elderly to DWI screening and the program monitoring process.

Twenty-one State Agencies reported the availability of prevention oriented programming and planning materials. A total of 30 specific prevention products were reported, the majority of which are youth oriented. Other materials mentioned range from community-based efforts to information for parents. Five school programs such as Student Assistance Programs and curricula were reported by three States.

A total of 19 State Agencies reported at least one product on HIV/AIDS. The products range from State policies on AIDS, and HIV/AIDS transmission prevention programs, to AIDS knowledge surveys.

Eighteen States reported at least one treatment program plan or model product. The model treatment services included programs for youth, women, the elderly and types of services, i.e., residential, halfway house and outpatient care. Services for the homeless and for chronic addicts were also mentioned.

Fourteen State Agencies identified at least one product relating to counselor certification/licensing standards. Also, 15 State Agencies provided information on program certification/licensing/accreditation standards, including programming within the criminal justice systems.

Needs assessments and surveys were reported by 11 State Agencies. The assessments included statewide prevention and treatment needs; surveys also addressed student alcohol and other drug abuse. Several student surveys identified the use of inhalants by adolescents.

Nineteen States reported product availability categorized as "Special" for purposes of this report. Products for the hearing impaired; homeless projects; and teen pregnancy prevention and parenting programs were all mentioned.

State planning documents, administrative rules and legislative reports and documents were reported by 17 State Agencies. A total of 27 products were reported to be available for use by other State Agencies.

VIII. TOP THREE POLICY ISSUES FROM A STATE ALCOHOL AND DRUG AGENCY PERSPECTIVE (Table 24)

In order to identify the policy questions and issues that are currently being considered at the State level, the State Alcohol and Drug Agencies representatives were asked to list their top three policy issues. Fifty-one State Agencies, including the District of Columbia, Guam, and Puerto Rico responded to this question. (See Table 21 for a summary of the State-by-State responses).

In compiling the results from the responses to the question it was determined that 5 policy issues were mentioned by at least 16 State Agencies. These lead policy issues can be categorized as follows:

- Treatment Services Systems;
- Funding and Resource Allocation;
- Prevention and Treatment Services for Youth;
- AIDS and IV Drug Users; and
- Services to Special Populations.

A further analysis of each of these areas follows:

1. Treatment Services Systems

Forty-eight State Agency representative identified the need for additional services or expansion of existing treatment services as a major policy issue. Expansion of service systems to reduce waiting lists and to increase services was mentioned by respondents from 32 State Agencies. Specific mention was made by eight States of the need to ensure availability of quality treatment services. These State Agencies included Connecticut, the District of Columbia, Hawaii, Idaho, Kansas, Louisiana, Maine and New York. Other issues identified by State Agencies included the need to strengthen continuum of care services, integration of alcohol and other drug treatment services with other social and health services and the need for services evaluation.

2. Funding and Resource Allocation

Nineteen State Agency representatives identified the need to seek increased funding for treatment and prevention services and/or to improve the allocation of resources as at least one or more of their top three policy issues. Twelve State Agency respondents mentioned in general terms the need to develop funding policies for maintaining existing services or to expand services to meet increasing needs. Those States included: Delaware, Indiana, Kentucky, Montana, Nebraska, New Hampshire,

TABLE 24

PAGE 1 OF 3

TOP THREE POLICY ISSUES BY STATE ALCOHOL AND DRUG AGENCIES

STATE			
ALABAMA	1. POLICY FOR AIDS/HIV DRUG ABUSE ISSUES	2. FAIR REIMBURSEMENT FOR CONTRACTORS	3. INCREASE AMOUNT OF FUNDS FOR SUBSTANCE ABUSE
ALASKA	1. RESOURCES TO MEET DEMONSTRATED NEED	2. IMPROVE, INCREASE SERVICES TO HOMELESS	3. REDUCING HIGH RATE OF FETAL ALCOHOL SYNDROME
ARIZONA	1. EXPANSION OF NEW PREVENTION PROGRAMS	2. EXPANSION OF YOUTH TREATMENT SERVICES	3. EXPRESSION OF RESIDENTIAL CONTINUUM OF CARE
ARKANSAS	1. COMPREHENSIVE ADOLESCENT TREATMENT	2. SERVICES FOR THE DUALLY DIAGNOSED	3. LEGISLATION REQUIRING COUNSELOR CERTIFICATION
CALIFORNIA A	1. INCLUSION OF VARIED PREVENTION STRATEGIES	2. ASSURE SPECIAL POPULATION NEEDS ADDRESSED	3. REDUCE ALCOHOL RELATED AUTO ACCIDENT DEATHS/INJURIES
CALIFORNIA D	1. IV DRUG USER/AIDS	2. PERINATAL DRUG EXPOSURE	3. ADOLESCENT TREATMENT
COLORADO	1. IMPLEMENTATION OF NEW AIDS REGULATIONS	2. INTEGRATION OF ALCOHOL AND DRUG TREATMENT	3. INTEGRATE TREATMENT, PREVENTION SERVICES DELIVERY
CONNECTICUT	1. ROLE OF CADAC IN COMBATTING AIDS	2. COORDINATED SUBSTANCE ABUSE TREATMENT	3. ENSURE ACCESSIBILITY TO QUALITY TREATMENT
DELAWARE	1. ALCOHOLISM, DRUG ADDICTION SERVICES	2. AIDS	3. EXPANDING FUNDING SOURCES
DIST. OF COL.	1. ENHANCEMENT VIA QUALITY CONTROL	2. INCREASING VOLUNTEER ADMISSIONS	3. AIDS PREVALENCE TESTING AMONG HIV/GENERAL POPULATION
FLORIDA	1. INCREASE SA TREATMENT FOR WOMEN	2. EXPAND TREATMENT SERVICES FOR HIGH RISK	3. EXPAND PREVENTION/INTERVENTION SERVICE FOR YOUTH & ADULT
GEORGIA	1. EXPANSION OF ADOLESCENT SERVICES	2. DUI FIRST OFFENDER TREATMENT PROGRAMS	3. EMERGENCY FACILITIES OUTSIDE REGIONAL HOSPITAL
GUAM	1. "ON ISLAND" DRUG TESTING	2. RESIDENTIAL TREATMENT FOR D & A CLIENTS	3. DETOX FACILITY FOR DRUG USERS
HAWAII	1. SERVICES EVALUATION/QUALITY ASSURANCE	2. PROGRAM ACCREDITATION	3. COORDINATION OF PROGRAM PLANNING AND DATA COLLECTION
IDAHO	1. DEVELOP/IMPLEMENT A FIVE YEAR PROGRAM	2. UPGRADE STANDARDS FOR ALL A/D PROGRAMS	3. DEVELOP STATEWIDE DIRECTION FOR PREVENTION PROGRAMMING
ILLINOIS	1. AIDS	2. WAITING LISTS: TO ACCESS THE Tx SYSTEM	3. PREGNANT WOMEN SEEKING TREATMENT
INDIANA	1. PRE-EMPTIVE FEDERAL PRIORITIES	2. THIRD-PARTY REIMBURSEMENT OF TREATMENT	3. COORDINATION OF PREVENTION/EDUCATION ACTIVITIES
IOWA	1. ADDITIONAL JUVENILE TREATMENT	2. ADDITIONAL ADULT TREATMENT	3. AIDS
KANSAS	1. TREATMENT SERVICES FOR INDIGENT YOUTH	2. STATEWIDE, REGIONAL PREVENTION SERVICES	3. UPGRADE INDIGENT ADULT TREATMENT SERVICES

TABLE 24

PAGE 2 OF 3

KENTUCKY	1. OPENING MEDICAID REIMBURSEMENT	2. APPROPRIATE ASSESSMENT & REFERRAL	3. PREVENTION EVALUATION
LOUISIANA	1. APPROPRIATE SERVICES TO ADOLESCENTS	2. ENHANCEMENT OF PRESENT TREATMENT/PREVENTION	3. IMPROVING SERVICES TO SPECIAL POPULATIONS
MAINE	1. EXPAND ACCESS CARE FOR INDIGENT CLIENTS	2. QUALITY OF TREATMENT SERVICES	3. INTEGRATE SUBSTANCE ABUSE WITH SOCIAL & HEALTH SERVICE
MARYLAND	1. CERTIFICATION OF ADDICTIONS COUNSELORS	2. TREATMENT ADMISSIONS FOR HIV CLIENTS	3. ADOLESCENT TREATMENT SERVICES
MASSACHUSETTS	1. HIV INFECTION AMONG IV DRUG USERS	2. SERVICES FOR HOMELESS SAs	3. TREATMENT SERVICES FOR MINORITY COMMUNITIES
MICHIGAN	1. NEED FOR INCREASED TREATMENT CAPACITY	2. PREVENTION OF COCAINE USE AND ADDICTION	3. AIDS PREVENTION AMONG IV DRUG USERS
MINNESOTA	1. PREVENTION OF AIDS IN IV DRUG ABUSERS	2. LICENSURE OF CD COUNSELORS	3. IMPLEMENTATION & EVAL. OF CONSOLIDATED CD TREATMENT
MISSISSIPPI	1. AIDS/HIV POLICIES TREATMENT PROGRAMS	2. REVISION OF COMMITMENT LAWS FOR A/D	3. RESPONSIBILITY FOR DUALLY DIAGNOSED CLIENTS
MISSOURI	1. ADOLESCENT TREATMENT CENTER	2. COMMUNITY BASED PREVENTION CENTERS	3. FAMILY TREATMENT INITIATIVE
MONTANA	1. TREATMENT SERVICES AT CURRENT LEVEL	2. EXPAND COMMUNITY BASED TREATMENT SERVICES	3. ALLOCATING FEDERAL & STATE FUNDS
NEBRASKA	1. FUNDING LEVEL AND DISTRIBUTION	2. EVALUATION OF TREATMENT OUTCOMES	3. COUNSELOR CERTIFICATION REQUIREMENTS
NEVADA	1. YOUTH PREVENTION AND DAYCARE	2. AIDS POLICIES	3. N/A
NEW HAMPSHIRE	1. ELIMINATING MANDATED EXPENDITURES	2. FUNDING OF STATE SUBSTANCE ABUSE PROGRAMS	3. COVERAGE FOR TREATMENT SERVICES
NEW JERSEY	1. MANDATORY D & A REIMBURSEMENT TREATMENT	2. MEDICAID REIMBURSEMENT FOR ALCOHOL TREATMENT	3. COMBINE TWO MANDATED DIVISIONS INTO ONE
NEW MEXICO	1. N/A	2. N/A	3. N/A
NEW YORK A	1. CONTINUE ALCOHOLISM SERVICES	2. DEVELOP ALCOHOLISM SERVICES FOR UNDERSERVED	3. ESTABLISH LINKAGES WITH OTHER HEALTH & HUMAN SERVICES
NEW YORK B	1. MAINTAIN EXISTING ESSENTIAL SERVICES	2. EXPAND SERVICES TO UNMET/UNDERSERVED NEEDS	3. IMPROVE THE QUALITY OF SERVICES
NORTH CAROLINA	1. ADOLESCENT SERVICES	2. DWI ASSESSMENTS/TREATMENTS	3. EMPLOYEE ASSISTANCE PROGRAMS
NORTH DAKOTA	1. INCREASED SERVICES FOR THE ELDERLY	2. ADDITIONAL COMMUNITY BASED SERVICES	3. FUNDING FOR CONTINUATION AND EXPANSION OF SERVICES
OHIO	1. SOCIAL INOCULATION OF YOUTH AGAINST DRUG USE	2. PROVISION OF CARE FOR INDIGENT	3. MERGER OF ALCOHOL & DRUG ABUSE SYSTEM
OKLAHOMA	1. AIDS PREVENTION	2. AIDS TRAINING	3. NON-DISCRIMINATION
OREGON	1. REIMBURSEMENT RATES	2. PRIORITIZATION OF TREATMENT GROUPS	3. CRIM. JUSTICE A&D TREATMENT. WOMEN SPECIFIC TREATMENT
PENNSYLVANIA	1. MEDICAL ASSISTANCE REIMBURSEMENT	2. CASE MANAGEMENT SYSTEM	3. PERFORMANCE/NEEDS BASED ALLOCATION SYSTEM
PUERTO RICO	1. ADDITIONAL FUNDS FOR TREATMENT	2. RESIDENTIAL VS OUTPATIENT TREATMENT	3. DIFFERENTIAL USE OF D/A PREVENTION APPROACHES
RHODE ISLAND	1. MAINTAINING PREVENTION & TREATMENT SERVICES	2. SERVICES TO UNDERSERVED POPULATIONS	3. MAINTAINING AND EXPANDING AIDS-RELATED SERVICES
SOUTH CAROLINA	1. POLICY ON ALCOHOL TAXES AND ADV. BAN	2. ADEQUATE ALCOHOL ABUSE FUNDING	3. TREATMENT PROGRAMS IN CORRECTIONAL FACILITIES
SOUTH DAKOTA	1. NON-AVAILABILITY OF POST-TREATMENT SERVICE FOR YOUTH	2. DRUG-TESTING SYSTEM	3. SHORTAGE OF CD COUNSELORS

TABLE 24

PAGE 3 OF 3

TENNESSEE	1. REORG. OF SERVICES DELIVERY	2. ADDITIONAL RESOURCES FOR SERVICE DELIVERY	3. INCREASED RESEARCH CAPABILITIES
TEXAS	1. SERVICES FOR YOUTH	2. SERVICES FOR SUBSTANCE ABUSERS	3. SERVICES FOR INDIGENT SUBSTANCE ABUSERS
UTAH	1. STRENGTHEN THE STATEWIDE CONTINUUM	2. EXPAND SUBSTANCE ABUSE TREATMENT SERVICES	3. ADMINISTRATIVE STRATEGIES RELATED TO FUNDING FORM
VERMONT	1. RESOURCES TO MAINTAIN & INCREASE SERVICE	2. INSUR. COMPANIES TO REIMBURSE FOR ALC.SERV.	3. ADEQUATE PROGRAM TO RESPOND TO DUALLY DIAGNOSED
VIRGINIA	1. MENTALLY ILL SUBSTANCE ABUSING CLIENTS	2. EMERGENCY SERVICES TO MENTALLY ILL	3. EXPANDED SUBSTANCE ABUSE SERVICES WITH CRIMINAL J
WASHINGTON	1. CONTINIUM OF TREATMENT FOR INDIGENT & HOMELESS ABUSERS	2. REDUCING TREATMENT WAITING LIST	3. RESIDENTIAL TREATMENT FOR ADOLESCENTS
WEST VIRGINIA	1. EXPAND PREVENTION/TREATMENT FOR YOUTH	2. EXP. OF PROGRAM MONITORING	3. MAXIMIZING MEDICAID FOR SUBSTANCE ABUSE PROGRAM
WISCONSIN	1. STATE FUNDING FOR AODA SERVICES	2. MA FUNDING AODA TREATMENT	3. ESTABLISH STRATEGY FOR UNDERSERVED
WYOMING	1. N/A	2. N/A	3. N/A

New Jersey, South Carolina, South Dakota, Vermont and Wisconsin. Ten State Agencies addressed the need to expand alcohol and other drug treatment coverage under third party reimbursement programs including private health insurance, Medicare and Medicaid. These agencies included Alabama, Delaware, Indiana, Kentucky, New Hampshire, Oregon, Pennsylvania, Vermont, West Virginia and Wisconsin.

3. Prevention and Treatment Services for Youth

The expansion of prevention and treatment services for youth was identified as a major policy issue by 16 State Agencies including: Arizona, Arkansas, California, Florida, Georgia, Iowa, Kansas, Louisiana, Maryland, Missouri, Nevada, North Carolina, South Dakota, Texas, Washington, and West Virginia. Issues ranged from treatment modalities for youth, funding for adolescent programs, services for indigent youth, to overall prevention services for youth.

4. AIDS and IV Drug Abusers

The AIDS epidemic was specifically identified as a major policy issue with 16 of the reporting State Agencies. The broad geographic distribution of States, coast to coast, urban and rural, demonstrates the extent and the severity with which the State Agencies perceive the disease. The remaining 16 States Agencies included: Alabama, California, Colorado, Connecticut, Delaware, District of Columbia, Illinois, Iowa, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, Oklahoma, and Rhode Island. Michigan, Minnesota and Oklahoma specifically mentioned the need for AIDS prevention policies and strategies, while Mississippi stated the need for AIDS/HIV treatment policies.

5. Services to Special Populations

Twenty-three State Agencies specifically identified the need to expand prevention and treatment services to underserved special populations, including the indigent, women, homeless, dually diagnosed and criminal justice clients. Four State agencies, Maine, Ohio, Texas and Washington, mentioned the need to meet the treatment needs of the indigent. Improving treatment services to the dually diagnosed was addressed by four State agencies: Arkansas, Mississippi, Vermont and Virginia. Three State Agencies identified the need for increased services to women: Florida, Illinois and Oregon. Additionally, three State Agencies, Alaska, Massachusetts and Washington, reported the need to expand alcohol and other drug abuse treatment services to the homeless.

IX. MAJOR NEEDS FOR WHICH RESOURCES WERE NOT ADEQUATE IN FISCAL YEAR 1988

Each State Alcohol and Drug Abuse Agency was asked to indicate whether there were any major needs identified through the State's most recent planning process for which there were inadequate resources to meet those needs. The State representatives were asked to provide a brief description of those major needs and to identify the types of resources that would be required. Detailed State-by-State information on the major needs and resources identified is included as Appendix D.

Responses to this question were received from 48 State Agencies, the District of Columbia, Guam and Puerto Rico. All of the respondents indicated that major needs existed in their service delivery systems for which resources were not adequate during FY 1988.

Narrative responses received from the 51 State Agencies confirmed that there are major needs in the areas of prevention and/or treatment for which there were not adequate resources. While the scope of the narrative comments and information retrieved was broad, many of the respondents stated that additional resources need to be obtained to support the development and maintenance of a variety of treatment and prevention services, particularly for youth and women. In addition, States identified the following needs: to provide services to meet the needs of other special populations such as the elderly, dually diagnosed, persons living with HIV infection and/or AIDS and the incarcerated; to expand facilities for detoxification and residential treatment; to increase funding for program staff positions, training and salaries; to expand services to improve prevention in both schools and communities; and to upgrade and/or remodel facilities.

The major need most frequently mentioned in the FY 1985, FY 1986, FY 1987 and the current FY 1988 SADAP effort was the development of prevention and treatment services for youth and women. For FY 1988 a number of States reported specific needs for additional residential beds as well as needs for an increase in staff positions and child care services in women's programs. All of the reporting States mentioned that additional overall funding would aid in reconciling the distance between needs and the existing service levels. Several States reported that the "Not in my backyard" attitude in communities was hampering efforts to establish treatment units. In addition, several States mentioned the special needs and problems of pregnant, addicted mothers and of babies born as addicts.

Other service needs that were identified by some States included the following: expansion of publicly funded treatment units; long-term care for chronic alcoholics; outreach and outpatient services, particularly in rural areas; additional treatment "slots" to reduce the backlog of clients on waiting lists for treatment; and particular problems which complicate the recovery process such as the mentally ill and the need to upgrade treatment facilities to meet State standards.

Highlights from the States' narrative reports have been organized into the following categories:

- Youth and Women;
- Other Special Populations;
- Prevention and Early Intervention;
- Staff positions, Training and Salaries; and
- "Special" State Needs: Site Renovation, Remodeling and Locations; and Assistance in Data Collection.

1. Youth and Women

The majority of the reporting States identified a need to expand treatment and prevention/intervention services to youth (24 States). Five States specifically mentioned a need to work with teenage pregnant mothers and their babies.

While many States indicated a variety of needs in the areas of prevention and treatment for alcohol- and drug-abusing youth, 28 State Agency representatives specifically mentioned the expansion or establishment of residential and outpatient programs for youth. Several of these States are: Alaska, Arizona, California, Georgia, Hawaii, Iowa, Texas and Utah. Several States referred to youth needs in general terms such as: "adolescent services." Some of these States include: Colorado, Maine, Maryland, Nebraska and Oregon.

Both Alaska and Texas reported a particular problem with youth using inhalants. Maine addressed the need for the "establishment of an adolescent service system - gaps in funding and trained personnel." Maryland cited the need to expand outpatient treatment to adolescents and families identified through the SAP. New York mentioned polydrug use by youth as a major problem. Utah noted a need for groups for youth returning to school who are trying to recover from an addiction and stay drug-free.

Fifteen States, up from nine in FY 1987, reported a need for resources for services for women. Some of these States are: California, Florida, Kentucky, Minnesota, New Hampshire and Washington. The need for child services was also noted. Prenatal care and parenting were also reported by Florida, Pennsylvania and Washington. This continues a pattern from the

FY 1987 report when California (alcohol), Kentucky, New Hampshire and Wisconsin indicated child care services were needed for women in treatment.

2. Other Special Populations

State Agency representatives from 23 States indicated treatment and prevention services needs for special populations. They reported requirements for special programs for the elderly, homeless, hearing impaired, AIDS patients, chronic alcoholics and individuals who are addicted and mentally ill (dually diagnosed). California and Kentucky mentioned specific service needs for the elderly. Services for homeless and/or chronic alcoholics were reported by Colorado, Delaware and North Dakota. Treatment and rehabilitation services for AIDS patients were indicated by Florida, Massachusetts, New York, Oklahoma and Rhode Island. Hawaii and Minnesota specifically reported needs for the hearing and visually impaired. California and Minnesota mentioned special needs of ethnic minorities and the problems of language barriers to adequate treatment services. Services for the dually diagnosed clients were mentioned by Arizona, California and North Dakota.

3. Prevention and Early Intervention

Additional resources for prevention and early intervention services for the general population, including members of special populations, were identified by respondents from the following 14 State Agencies: Alaska, California (drugs), Kansas, Maryland, Mississippi, Montana, Nebraska, New Hampshire, Ohio, Puerto Rico, Rhode Island, Utah, Vermont and West Virginia. Alaska's representative indicated a need for prevention services to establish an inhalant prevention program, Kansas reported a major need for the completion of a regionalized prevention program. New Hampshire reported a need for additional student assistance and peer leadership programs.

Ohio's State representative indicated a need for intervention services through Employee Assistance Programs by private business and industry, citing the establishment in 1984 of an Employee Assistance Program for Ohio's 65,000 employees. Montana noted the lack of prevention/educational programs in rural communities with the networking of existing programs, as well as a need for the development and expansion of community-based prevention activities. Ohio's respondent again indicated a need in both public and private schools, from elementary grades through universities, for prevention and education programs for youth and their families.

4. Staff Positions, Training and Salaries

Fifteen responding State Agencies identified a need to increase the number of program staff positions, or to increase the level of staff salaries. The need to provide or expand staff training was also cited.

Respondents from five State Agencies including Arkansas, California, New Hampshire, North Dakota and Washington reported a need for staff training for the dually diagnosed, i.e., substance abuser and mentally ill clients in treatment.

Additional resources to adequately compensate workers in the substance abuse field was stated as a significant need by Maine and Rhode Island. However, other States made reference to the need for increases in salaries in more general terms.

Additional staff training was cited as an important need by the State Agencies in the District of Columbia, Georgia, Hawaii, Pennsylvania and West Virginia. Kansas, again, cited the need for legislation for mandatory staff credentialling.

5. "Special" State Needs: Site Renovation, Remodeling, and Location; and Assistance in Data Collection

Fourteen State Agency respondents reported a need to renovate or remodel aging alcohol and drug abuse treatment units or to locate sites for new treatment facilities. Adequate resources are needed to respond to the former two needs. However, community and/or neighborhood resistance to locating treatment facilities has hampered the expansion of needed units in Connecticut and the District of Columbia.

Other "Special" State needs centered on data collection capabilities, computer hardware and technical assistance to upgrade data collection systems. Nebraska specifically mentioned a need for evaluation methodology development-technology and staff training.

X. SIGNIFICANT CHANGES IN ALCOHOL AND/OR DRUG PREVENTION AND TREATMENT SERVICES IN FISCAL YEAR 1988

Each State Alcohol and Drug Abuse Agency was requested to provide information on changes that had occurred in treatment and/or prevention services during Fiscal Year (FY) 1988. A total of 49 responses were received to this question, representing 46 States, the District of Columbia, Puerto Rico, and the Virgin Islands. The specific narrative information obtained from each respondent is contained in Appendix E.

The narrative comments provided by the State Agency representatives addressed a broad range of significant topics and functions. However, there were sufficient commonalities in the State responses to cluster their replies into the following seven categories:

- New Programs and Services for AIDS and IV Drug User Populations;
- Client and Drug Use Trends;
- Changes in Financial Resources;
- Changes in Services and Programs for Youth;
- Prevention Programs and Services;
- Changes in Admissions to Treatment; and
- Other Significant Developments.

Information from the States has been reviewed and is summarized according to the foregoing categories. An analysis of the data provided within each of these seven categories follows.

1. New Programs and Services for AIDS and IV Drug User Populations

Narrative comments from 15 State Agencies referred to the need to increase the availability of services to IV drug users to help prevent the spread of the HIV infection and AIDS. Those State Agencies include: Arizona, California, Connecticut, the District of Columbia, Georgia, Idaho, Illinois, Maryland, Massachusetts, Minnesota, New York, Ohio, Oklahoma, Rhode Island, Texas and Wisconsin.

The majority of States reporting increased services for AIDS and IV drug users mentioned an expansion of services to accommodate the potentially affected population. Also cited by several States (Arizona, Georgia, Maryland, Ohio and Wisconsin) was the development and implementation of AIDS/HIV training programs.

The State of Connecticut reported a significant expansion of AIDS education, testing and counseling programs in treatment sites, staff training on AIDS issues and AIDS Risk Reduction Outreach Worker programs. Increased education and outreach efforts were also reported by the District of Columbia, Georgia, Maryland, Minnesota and Oklahoma.

The State of Georgia hired new staff through the Centers for Disease Control Seroprevalence Study Grant to provide AIDS education and pre- and post-test counseling. Street teams have been developed and mobilized to provide AIDS/HIV prevention information in the community.

The New York Division of Substance Abuse Services reported that problems such as AIDS, crack and homelessness continue to place tremendous burdens on the State treatment system. Despite significant increases in capacity, waiting lists for treatment persist at high levels.

The State of Georgia hired new staff through the Centers for Disease Control Seroprevalence Study Grant to provide AIDS education and pre- and post-test counseling. Street terms have been developed and the State of Connecticut reported a significant expansion of AIDS education, testing and counseling programs in treatment sites, staff training on AIDS issues and AIDS Risk Reduction Outreach Worker programs. Increased education and outreach efforts were also reported by the District of Columbia, Georgia, Maryland, Minnesota and Oklahoma.

Other comments by State Agencies included the following:

- Maryland - Employed a multifaceted strategy of prevention education training and treatment that included Street Outreach for AIDS Prevention (SOAP)
- Massachusetts - Treatment services to IV drug abusers increased from 7,500 clients in FY 1987 to 12,000 in FY 1988.
- Oklahoma - All treatment programs are required to provide AIDS prevention counseling, HIV testing or referral to testing and pre- and post-test counseling for all clients.

2. Client and Drug Use Trends

The increased use of crack and other forms of cocaine that was emphasized by representatives from 14 State Agencies is requiring some changes in services. These States included Alabama, Arizona, California, District of Columbia, Florida, Iowa, Louisiana, Minnesota, Mississippi, New York, Oklahoma, Pennsylvania, Rhode Island and the Virgin Islands.

Alabama cited the increase in cocaine-related DSM III-R diagnoses from 239 in 1987 to 1,178 individuals in 1988. Arizona also reported a rise in treatment admissions for cocaine abuse as did Florida, Iowa, Minnesota, Mississippi, Oklahoma, Rhode Island and the Virgin Islands.

Other States that mentioned drug use and client trends included:

- California - The use of cocaine and its derivative, crack, remains high; there has been an alarming increase in the use of illegal amphetamines.
- District of Columbia - Emergency room mentions for all drugs has increased 48 percent.
- Florida - The State reported an increase in incidence of infants exposed to illegal substances from 29 percent in 1983 to 64 percent in 1988.
- Texas - The State has documented a significant increase in intravenous use of cocaine and amphetamines.

3. Changes in Financial Resources

Narrative comments by representatives from 12 State Agencies referred to specific financial changes during the last fiscal year, FY 1988. Some of these remarks were directly related to the new emergency Alcohol and Drug Treatment and Rehabilitation (ADTR) Block Grant program, authorized by the Anti-Drug Abuse Act of 1986 (P.L. 99-570). In most States the monies provided through the ADTR program enabled States to increase treatment services generally and to target specific populations. Examples of State initiatives using ADTR funds included the following:

- Alabama - ADTR money was the funding foundation for the increase in expanded outpatient treatment services.

- Connecticut - New services funded during FY 1988 include 2 new residential programs; one for drugs and the other for Hispanic alcohol abusers.
- Hawaii - Through ADTR funds, the State attempted for the first time to link adolescent outpatient intervention and treatment services to various Department of Education complexes.
- North Dakota - ADTR monies provided the opportunity to increase treatment services to youth, the elderly and women.
- Rhode Island - ADTR funding has allowed for initiation of a number of new programs throughout the State.

In addition to the impact of the ADTR Federal monies, a number of States reported increased funding provided by State legislatures.

- Alabama - The State reported an increase in outpatient and day care services due to the receipt of the ADTR funds. Substance abuse day treatment increased 177% from the first quarter to the fourth quarter (36 persons to 100 persons served).
- Arkansas - The State Agency mentioned a Statewide network of Chemical-Free Living Centers offering services to homeless recovering alcohol and other substance abusers through the use of ADTR monies.

- California - Legislation enacted in FY 1988 provided for a 30-month drinking driver treatment program for those convicted of the third or fourth DUI offense.

- Missouri - The legislature funded for the first time major quality of care enhancement in the physical plant of contract programs.

- Washington - The legislature provided $24.6 million of former welfare funds to alcohol and drug programs to pay for eligible indigent clients' assessment, treatment and shelter.

It is apparent that the States are working under different conditions with a variety of financial situations. Some States are improving services with new, increased levels of funding, others are reallocating resources, and several are coping with reduced funding.

4. Changes in Services and Programs for Youth

Youth services received specific mention by representatives from a number of State Agencies in FY 1988 Expansion of prevention and treatment capacity was frequently stated by the Agencies.

Specific program initiatives by the States included:

- Georgia - The State increased adolescent services through opening of new facilities for longer term treatment.

- Kansas - The State opened a second youth residential treatment center to serve indigent youth.

- Maryland - The State continued to expand its comprehensive identification, assessment and treatment system for adolescents.

- Michigan - The State increased attention to student assistance programs and is planning to incorporate pilot programs into the State-supported school health curriculum.

Several other States mentioned an expansion of youth prevention and treatment services that include a variety of program types such as Student Assistance Programs, Adolescent Services Plans, and "Be Smart! Don't Start!" prevention campaigns.

5. Prevention Programs and Services

In addition to the previously discussed prevention services directed toward youth, a number of State Agencies identified prevention programs in general as a significant area of change during FY 1988.

Several examples of States' prevention activities included:

- California - The State initiated a project to establish a Statewide prevention resource system to better coordinate existing centers, develop new materials and disseminate information to schools, researchers, prevention practitioners and the general public.
- Colorado - The State developed a training program for prevention professionals and a registry of trained prevention professionals.
- Georgia - The Governor's Commission on Drug Awareness and Prevention was established, which, as part of its activities, began the Governor's Helpline.

- Kentucky - The State has earmarked Drug Free Schools funds to carry out the Champions Against Drugs Program and to establish 10 student assistance programs.

- Oregon - The State hired three new staff people for the newly created Prevention Resource Center, which has begun to provide significant levels of technical assistance, consultation and training resources to local communities throughout the State.

6. Changes in Admissions to Treatment

Several State Agencies emphasized changes in drug and alcohol admissions. The reasons for the admission changes vary from State to State. Some examples of State Agency reports included the following:

- Alabama - Total number of persons served increased from 7,677 to 11,000 (an increase of 44.6 percent).

- California - The State Agency increased the number of emergency methadone detoxification slots by 150 and outpatient maintenance treatment slots by 817 Statewide to strengthen services available to the at-risk population.

- Delaware - The criminal justice system increasingly used treatment as a sentencing alternative for alcohol and other drug abuses with concomitant impact on the treatment system.

- Maryland - 4,096 adolescents were admitted to treatment in FY 1988, a 77 percent increase in adolescent admissions since FY 1983.
- Massachusetts - Service to IV drug users increased from 7,500 clients during FY 1987 to 12,000 in FY 1988.
- Michigan - The State experienced a 40 percent increase in cocaine treatment admissions.
- Texas - In FY 1988, there were expanded services for persons in the criminal justice systems, adolescents and persons at high risk of AIDS.
- Virgin Islands - The Agency experienced a steady increase in cocaine abusers; therefore, more off-Island referrals were made since the Island Agency did not have sufficient staff and facilities.

7. Other Significant Developments

Changes in Driving While Intoxicated (DWI) and Driving Under the Influence (DUI) legislation and increased cooperative planning were included by State Agencies among new developments. Some specific examples follow:

- California - State legislation provides for a 30 month drinking driver treatment program for those convicted of the third or fourth DUI offense.
- Georgia - DUI assessment and intervention pilot programs have been implemented in 9 areas across the State.

- Kentucky - The Carrollton bus tragedy sparked higher public awareness regarding school bus safety and driving while intoxicated enforcement, intervention and treatment.
- Minnesota - Second-time DWI offenders are now required to undergo a full "Rule 25" assessment that has improved assessment process for repeat drunk drivers.
- North Carolina - The State General Assembly enacted legislation requiring mandating assessment of DWI offenders under certain conditions.
- South Carolina - Persons receiving services in FY 1988 as a result of DUI convictions grew by 12 percent to 17,964.
- Utah - State Service Training Program instituted for servers of alcohol beverages to add one more preventative measure to Statewide effort to limit DUI offenses. Presently, 6,200 servers have been trained in the State.

Several States reported increased cooperative planning and programming efforts at the State and local levels.

Examples of cooperative endeavors included the following:

- Connecticut - The State Agency developed a closer working relationship with criminal justice system that enabled better control of the flow of court-committed clients into and out of the treatment system. The

State also transferred responsibility for residential treatment services to the under 18 population to the Department of Children and Youth Services to facilitate coordination of all services to this population.

- Minnesota - The State Agency continued to play a lead role in coordinating State and local efforts to prevent AIDS among IV drug users and established a State AIDS-IV Work Group.
- Missouri - The State Agency implemented the Missouri School/Community Team Program to foster community-wide prevention strategies and to facilitate team building.
- Ohio - The State Agency is using Governor's Discretionary funds to provide materials and resources to the Ohio Prevention Resource Center that will be developed in collaboration with the Departments of Education and Liquor Control.

APPENDIX A

STATE ALCOHOL AND DRUG ABUSE PROFILE COVER LETTER, INFORMATION COLLECTION FORMAT AND GLOSSARY OF TERMS

NASADAD

National Association of State Alcohol and Drug Abuse Directors

October 28, 1988

President
Chauncey L. Veatch III
California
First Vice Presidents
John Gustafson
New York
Vice President for Alcohol Abuse Issues
Lois Olson
Missouri
Vice President for Drug Abuse Issues
Richard Ham
Nevada
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Arkansas
Janet Zwick
Iowa
Robert Aukerman
Colorado
Joyce Ingram-Chinn
Hawaii
Matthew Felix
Alaska
Executive Director
William Butynski

Mary Lee Rice, Director
Division of Mental Illness and Substance
Abuse Community Programs
AL Department of Mental Health
200 Interstate Park Drive, P.O. Box 3710
Montgomery, AL 36193

Dear Ms. Rice:

I am writing to request your continued participation in the National Association's information collection activities. Last year we entered into a new three year contract with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) to continue operation of the State Alcohol and Drug Abuse Profile (SADAP).

Since 1982 the State and Territorial Directors have unanimously expressed their willingness to participate in a NASADAD voluntary data collection effort. All 50 States, the District of Columbia, Guam, and Puerto Rico participated in the 1987 SADAP. The information collected on alcohol and drug abuse services through SADAP is of considerable value and interest to the States, the Federal Government and the U.S. Congress, all of whom increasingly recognize the need for ongoing data collection.

The attached form, which I ask that you complete and submit to the NASADAD office by December 9, 1988, is the result of many hours of effort by a State consultant group made up of your peers and staff that met in August of this year. The format for the 1988 SADAP has been updated but maintains the key elements from prior years. One major change this year is the addition of one sheet (part V of SADAP) which relates to all federal alcohol and drug monies (both the Alcohol, Drug and Mental Health Services Block Grant and the Alcohol and Drug Treatment and Rehabilitation Supplemental monies). This information will be of special interest to the U.S. Congress.

Responses to the attached form should be gathered from secondary information sources already existing at the State level. As in previous years, a report displaying the information collected through the SADAP effort on a national and State-by-State basis will be made available to you once it is completed. Also, in recognition of the substantial contribution that you and your staff make to SADAP, we will include both your name and that of your data person in the final SADAP report.

Although the SADAP format has been designed to be simple and straightforward, a few brief instructions may assist your staff in completing the form. First, an updated glossary of terms has been included to assist in resolving any questions regarding definitions. The glossary of terms should be reviewed by your staff before responding to the questions on the SADAP form. Second, most questions request information only on those programs that received at least some funds administered by the State Alcohol/Drug Agency. For those programs, please provide information on all alcohol and drug resources and clients in such programs, not just the services or clients which are supported by State Alcohol/Drug Agency administered funds. Third, this year we are again requesting information on actual expenditures of funds. However, if you cannot provide actual expenditures in the timeframe given, please note this fact and provide your most recent allocation figures.

Finally, I urge you to give special attention to the two questions which request a narrative response on service needs and significant changes in alcohol and/or drug services (questions 16 and 17). In the past, information derived from the States' responses to these questions has proven invaluable to NASADAD and the Federal Government in demonstrating to the Congress and the Administration the major needs of the States. If you have any questions or require clarification on any of the requested items, please do not hesitate to contact Diane Canova, Project Manager of SADAP.

On behalf of the NASADAD Board of Directors and myself, I thank you for your ongoing cooperation and participation on our information collection efforts.

Sincerely,

Chauncey

Chauncey L. Veatch III
President

DC/lg

Enclosures

NASADAD
STATE ALCOHOL AND DRUG ABUSE PROFILE FOR FY 1988

State:________________ State Contact:________________ Telephone: (   )_________

Please complete and return this form by December 9, 1988 to: NASADAD, 444 North Capitol Street, N.W., Suite 520, Washington, D.C. 20001. REFER TO GLOSSARY OF TERMS FOR APPROPRIATE DEFINITIONS.

I. FUNDING INFORMATION

1. Report the total dollar expenditures for alcohol and drug abuse services by source of funding and type of activity for only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year (FY) 1988 (NOTE: All boxes must be filled in with: (1) a dollar amount; (2) a zero "0" denoting that no funds from that funding source are expended for the particular activity; or (3) an "N/A" indicating that the information is not available.)

Funding Source	Type of Activity			
	Treatment	Prevention	Other*	TOTAL
A. A&D Block Grants				
B. Other Federal				
C. State A/D Agency				
D. Other State				
E. County or Local				
F. Other Sources				
G. TOTAL				

*Includes State Alcohol/Drug Agency costs for administration, research, training, and other non-treatment and non-prevention categories).

2. Indicate the number of alcohol and/or drug treatment units which received funds administered by the State Alcohol/Drug Agency in FY 1988:

   A. combined alcohol/drug treatment units _________.

   B. alcohol only treatment units ______.

   C. drug only treatment units ______.

3. Of all known alcohol and/or drug abuse treatment units in the State in FY 1988, regardless of funding source, estimate the percent that received any funds administered by the State Alcohol/Drug Agency: ____________.

II. ALCOHOL CLIENT INFORMATION

NOTE: All information in this section is to be based on primary alcohol problem client admissions to those treatment units (reported in item 2 above) which received some funds administered by the State Alcohol Agency during the State's FY 1988.

4. Enter the number of treatment client admissions with a primary ALCOHOL problem during FY 1988:

ENVIRONMENT	TYPE OF CARE			
	Detoxification	Rehabilitation/ Residential	Outpatient	TOTAL
Hospital				
Non-Hospital				
TOTAL				

5. Enter the number of ALCOHOL treatment client admissions during FY 1988 in each of the age, sex and race/ethnicity categories below. If unable to provide data on age by sex, provide totals for age and sex categories.

A

SEX / AGE	NO. OF CLIENTS		TOTAL
	MALE	FEMALE	
UNDER 18 yrs.			
18 - 20			
21 - 24			
25 - 34			
35 - 44			
45 - 54			
55 - 64			
65 and over			
Missing/Unknown Information			
TOTAL			

B

CLIENT RACE/ETHNICITY	NO. OF CLIENTS
White, not of Hispanic Origin	
Black, not of Hispanic Origin	
Hispanic	
Asian or Pacific Islander	
Native American	
Other	
Missing/Unknown Information	
TOTAL	

(NOTE: Grand totals in Questions 4, 5A and 5B should agree.)

6. How many of the primary ALCOHOL problem treatment client admissions have secondary other DRUG problems?________ percent.

III. DRUG CLIENT INFORMATION

NOTE: All information in this section is to be based on primary drug problem client admissions to those treatment units (reported in item 2 above) which received some funds administered by the State Drug Agency during the State's FY 1988.

7. Enter the number of treatment client admissions with a primary DRUG problem during FY 1988:

	TYPE OF CARE			
ENVIRONMENT	Detoxification	Maintenance	Drug Free	TOTAL
Hospital Inpatient				
Residential				
Outpatient				
TOTAL				

8. For the DRUG treatment client admissions noted in item 7 above, enter the number of client admissions in each of the primary drug of abuse categories below:

Heroin ______
Non-RX Methadone ______
Other Opiates and Synthetics ______
Barbiturates ______
Tranquilizers ______

Other Sedatives and Hypnotics ______
Amphetamines ______
Cocaine ______
Marijuana/Hashish ______
PCP ______

Other Hallucinogens ______
Inhalants ______
Over-the-Counter ______
Other ______
Missing/Unknown ______

TOTAL ______

9. Enter the number of DRUG treatment client admissions during FY 1988 in each of the age, sex and race/ethnicity categories below. If unable to provide data on age by sex, provide totals by age and sex categories.

A

SEX / AGE	NO. OF CLIENTS		
	MALE	FEMALE	TOTAL
UNDER 18 yrs.			
18 - 20			
21 - 24			
25 - 34			
35 - 44			
45 - 54			
55 - 64			
65 and over			
Missing/Unknown Information			
TOTAL			

B

CLIENT RACE/ETHNICITY	NO. OF CLIENTS
White, not of Hispanic Origin	
Black, not of Hispanic Origin	
Hispanic	
Asian or Pacific Islander	
Native American	
Other	
Missing/Unknown Information	
TOTAL	

(NOTE: Grand totals in Questions 7, 8, 9A and 9B should agree.)

10. How many of the primary DRUG problem treatment client admissions have secondary ALCOHOL problems? ________ percent.

IV. OTHER INFORMATION

11. Intravenous (IV) Drug Abuse

A. Enter the total number of treatment client admissions in State funded programs during FY 1988 who were IV drug abusers: ________. Please indicate whether this number is based on: individual client data ____ or is a guesstimate ______.

B. Enter the total number of treatment client admissions in non-State funded programs during FY 1988 who were IV drug abusers: ________. Please indicate whether this number is based on: individual client data _______ or is a guesstimate __________.

C. Estimate the total number of IV drug abusers in your State: ______. Please indicate the method used to derive this estimate:

____

____

____

D. Do you have any information on Human Immunodeficiency (HIV) infection rates among IV drug users in your State? ________Yes ________No. If "Yes" please provide information on the range of infection rates: _____% to ____% and append any available relevant data to this form.

12. Please list products currently available in your State that would be of interest and could possibly be replicated or used in other States, e.g., AIDS policies, counselor and/or program certification/licensing standards, descriptions of innovative or model programs, drug/testing plans, model prevention and/or treatment plans, needs assessment survey methodologies, new legislation, program monitoring systems or evaluation reports, resource allocation methodologies. After each product title include name of contact person.

A. ____

B. ____

C. ____

D. ____

13. Do you have specific information available on the use of Medicaid funds to support alcohol and/or drug services in your State? ______ Yes _____ No. If "Yes" who is the contact person for this information within your State Agency? ________________________ ________________________

Name Telephone number

14. Do you collect systematic information on collaterals (e.g., co-dependents, family members, or significant others)? _____ Yes _____ No.

15. Please identify your State Agency's top three policy issues:

A. ______________________________

B. ______________________________

C. ______________________________

16. Were there any major needs identified through your recent State planning process for which resources were not adequate to meet those needs? Yes _________ No ________.

If "Yes", please provide a brief narrative description of those major needs and the types of resources required (e.g., facilities, funds, services for special populations, staff, technology, training, etc.).

17. Briefly describe any significant changes in alcohol and/or drug prevention and treatment services delivered within your State in FY 1988 and the reasons for these changes (e.g., adolescent services; AIDS; criminal justice services; impact of funding changes; increased intoxicated driver enforcement efforts; numbers of substance exposed infants; voluntary group activities; and/or changes in drug abuse trends such as an increase or decrease in the use of cocaine).

V. FEDERAL ALCOHOL AND DRUG BLOCK GRANT FUNDS EXPENDED IN FISCAL YEAR 1988

Data Element	Type of Primary Problem			
	Primary Alcohol Problem	Primary Drug Problem	Primary Combined Alcohol/Drug Problem	TOTAL
1. Amount of Federal Alcohol and Drug Block Grant Treatment Funds Expended (do not include prevention share of Federal Monies)				
2. Number of Alcohol and/or Drug Treatment Units that Received Any Federal Block Grant Funds				
3. Number of All Alcohol and/or Drug Treatment Client Admissions to These Treatment Units				

Note: For the purpose of this question include Federal treatment funds from both the A&D share of the ADMS Block Grant and the emergency supplemental ADTR monies.

Glossary of Terms

A&D Block Grants - Federal funds awarded to the State via the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant program, including the Part C, Emergency Alcohol and Drug Treatment and Rehabilitation (ADTR) Funds, and used to support the provision of alcohol and/or drug treatment or prevention services.

Client Admissions - Individuals admitted to and provided services in appropriate treatment settings according to State definitions.

County or Local Monies - Funds that are provided by county or local governments to support the provision of alcohol and/or drug treatment or prevention services.

Detoxification (Alcohol) - Restoration of client sobriety through medical or non-medical means under the supervision of trained personnel. Includes detoxification services provided in an inpatient or outpatient setting.

Detoxification (Drug) - Planned withdrawal from drug dependency supported by use of a prescribed medication.

Drug-Free - A treatment regimen that does not include any chemical agent or medication as the primary part of the drug treatment. It is the treatment modality for withdrawal without medication. Temporary medication may be prescribed in a drug free modality, e.g., short-term use of tranquilizers, but the primary treatment method is counseling, not chemotherapy.

Hospital - An institution that provides 24-hour services for the diagnosis and treatment of patients through an organized medical or professional staff and permanent facilities that include inpatient beds, medical and nursing services. Clients should be counted if they are receiving detoxification or treatment services primarily for alcoholism and/or other drug abuse.

Maintenance - The continued administering and/or dispensing of methadone, L-alpha acetylmethadol (LAAM), or propoxyphene napsylate (Darvon-N), in conjunction with provision of appropriate social and medical services, at relatively stable dosage levels for a period in excess of 21 days as an oral substitute for heroin and other morphine-like drugs, for an individual dependent on heroin. This category also includes those clients who are being withdrawn from maintenance treatment.

Native American - The race/ethnicity group including Alaskan Natives, American Indians and Native Hawaiians.

Other (Type of Activity) - Other activities beyond treatment or prevention services, e.g., training, research and administration. All State Agencies have some administration costs and these should be shown in this category.

Other Federal - All Federal funds used for support of alcohol and/or drug treatment or prevention services other than the A&D Block Grant monies. These could include funds provided through Federal programs such as the Social Services Block Grant, Medicare, the Federal share of Medicaid, Veterans Administration, Indian Health Service, Department of Education, and Department of Justice.

Other Sources - All funds used for support of alcohol and/or drug treatment or prevention services other than monies from the A&D Block Grant program, Other Federal, State A/D Agency, Other State, County or Local sources. These funds could include reimbursement from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers.

Other State - State revenues appropriated to State governmental units or programs other than the State Alcohol and/or Drug Agency which are used to support alcohol and/or drug treatment or prevention services. These funds may or may not eventually be administered by the State Alcohol and/or Drug Agency. These funds would include the State share of Medicaid funds provided for treatment services unless the Medicaid share is provided by the State Alcohol and/or Drug Agency's State appropriation.

Outpatient Alcohol - Evaluation and treatment, or assistance services, provided on a short-term basis to clients who reside elsewhere.

Outpatient Drug - Treatment provided by a unit where the client resides outside the facility. The client participates in a treatment program with or without medication according to a predetermined schedule that includes counseling and other supportive care services. For the purpose of this effort, day care should be included in this category.

Outreach - Activities with objectives to increase the level of awareness of an agency's services in the community and among specific professionals to form linkages with referral, support and aftercare services. These activities may be in the form of public education, training, promotions, participation in coordination bodies, and other activities.

Prevention - Those activities that are designed to prevent individuals and groups from becoming dependent on the regular use of alcohol and/or licit or illicit drugs. Available services may vary widely but are generally associated with information, education, alternatives, and primary and early intervention activities, and may also encompass services such as literature distribution, media campaigns, clearinghouse activities, speaker's bureau, and school or peer group situations. These services may be directed at any segment of the population. When reporting allocation of A&D Block Grant funds, early intervention services may be included within this category.

Rehabilitation/Residential (Alcohol) - An approach which provides in a hospital or non-hospital (including a halfway house) setting, a planned program of professionally directed evaluation, treatment or rehabilitation services for alcoholism and alcohol abuse.

Residential (Drug) - An environment where the client resides in a treatment unit other than a hospital. Drug treatment halfway houses, inpatient rehabilitation units, sanctuaries and therapeutic communities are included in this environment.

State A/D Agency Funds - State revenues, earmarked taxes or seized assets specifically appropriated to the State Alcohol and/or Drug Agency for support of alcohol and/or drug treatment, prevention or other related services.

Treatment - A broad range of formal organized services (including diagnostic assessment, detoxification, counseling, medical, psychiatric, psychological, social service, vocational services, outreach and aftercare support) for persons who have abused alcohol and/or drugs. These services are designed to alter specific physical, mental or social functions of persons under treatment by reducing client disability or discomfort, ameliorating the signs or symptoms caused by alcohol and/or drug abuse and influencing the behavior of such individuals in a positive way toward identified objectives/goals and improved functioning.

Treatment Unit - Discrete location, building or stand alone facility where alcohol and/or drug treatment services are provided by specially trained staff. In the case of outreach services, count only the permanent base of operations.

Vocational Services - Structures and consistent activities with an ultimate expectation of full or partial employment, including, but not limited to: job readiness training, vocational training, on-the-job training, apprenticeships, employment services, job search services. These services are not to be confused with formal academic or school activities.

APPENDIX B

STATE-BY-STATE POPULATION, PER CAPITA INCOME, POPULATION DENSITY AND STATE REVENUE FIGURES

STATE-BY-STATE POPULATION, PER CAPITA INCOME, POPULATION DENSITY AND STATE REVENUE FIGURES

STATE	CIVILIAN POPULATION JULY 1, 1988	1988 PER CAPITA PERSONAL INCOME	JULY 1, 1988 POP. DENSITY (per sq. mile)	FY 1987 STATE GENERAL EXPEND. (in millions)
ALABAMA	4,078,000	12,604	80.3	5,769.3
ALASKA	500,000	19,514	0.9	4,036.8
AMERICAN SAMOA	38,400	N/A	419.0	N/A
ARIZONA	3,463,000	14,887	30.5	5,402.3
ARKANSAS	2,386,000	12,172	45.8	3,219.5
CALIFORNIA	28,012,000	18,855	179.2	55,439.8
COLORADO	3,257,000	16,417	31.4	4,713.7
CONNECTICUT	3,218,000	22,761	660.5	6,062.4
DELAWARE	655,000	17,699	339.0	1,449.3
DISTRICT OF COL	610,000	21,667	9,682.5	N/A
FLORIDA	12,237,000	16,546	226.0	14,570.3
GEORGIA	6,273,000	14,980	108.1	8,423.2
GUAM	120,900	N/A	506.3	N/A
HAWAII	1,041,000	16,898	162.0	2,392.1
IDAHO	997,000	12,657	12.1	1,399.1
ILLINOIS	11,578,000	17,611	208.1	17,085.3
INDIANA	5,550,000	14,721	154.5	7,874.2
IOWA	2,833,000	14,764	50.6	4,693.6
KANSAS	2,470,000	15,905	30.2	3,302.1
KENTUCKY	3,694,000	12,795	93.1	5,844.5
LOUISIANA	4,377,000	12,193	98.3	7,204.8
MAINE	1,196,000	14,976	38.6	2,043.4
MARYLAND	4,570,000	19,314	464.6	7,731.3
MASSACHUSETTS	5,876,000	20,701	751.0	13,000.0
MICHIGAN	9,229,000	16,387	162.0	16,503.6
MINNESOTA	4,305,000	16,787	54.1	8,424.6
MISSISSIPPI	2,601,000	10,992	55.1	3,555.5
MISSOURI	5,126,000	15,492	74.3	6,629.0
MONTANA	801,000	12,670	5.5	1,429.7
NEBRASKA	1,589,000	15,184	20.7	2,209.6
NEVADA	1,045,000	17,440	9.5	1,629.9
NEW HAMPSHIRE	1,080,000	19,016	120.1	1,294.6
NEW JERSEY	7,701,000	21,882	1,031.2	14,585.7
NEW MEXICO	1,491,000	12,481	12.3	3,073.8
NEW YORK	17,877,000	19,299	377.3	40,052.8
NORTH CAROLINA	6,388,000	14,128	130.8	9,379.5
NORTH DAKOTA	656,000	12,720	9.5	1,452.2
OHIO	10,842,000	15,485	264.4	16,816.8
OKLAHOMA	3,211,000	13,269	46.8	4,619.3
OREGON	2,764,000	14,982	28.7	4,441.4
PENNSYLVANIA	11,985,000	16,168	267.0	17,603.5
PUERTO RICO	3,292,000	N/A	962.3	N/A
RHODE ISLAND	987,000	16,793	935.5	2,011.4
SOUTH CAROLINA	3,412,000	12,764	113.0	5,107.3
SOUTH DAKOTA	706,000	12,475	9.3	1,235.7
TENNESSEE	4,875,000	13,659	118.5	6,161.7
TEXAS	16,705,000	14,640	63.8	19,274.6
UTAH	1,684,000	12,013	20.5	2,931.9
VERMONT	557,000	15,382	60.1	1,076.2
VIRGIN ISLANDS	106,000	N/A	803.0	N/A
VIRGINIA	5,845,000	17,640	147.2	9,039.9
WASHINGTON	4,587,000	16,569	69.0	8,381.6
WEST VIRGINIA	1,876,000	11,658	77.8	3,238.8
WISCONSIN	4,853,000	15,444	89.2	8,669.0
WYOMING	475,000	13,718	4.9	1,450.4
UNITED STATES	247,681,300	16,444		403,937.3

N/A = Information not available.

State Civilian Population data from United States Department of Commerce, Bureau of the Census, 'Current Population Reports', Series P-25.

Per Capita Personal Income data from United States Department of Commerce, Bureau of Economic Analysis, 'SA1-3', April 1989.

APPENDIX C

STATE MODEL PRODUCTS AVAILABLE AND CONTACT PERSONS

STATE MODEL PRODUCTS AVAILABLE AND CONTACT PERSONS

ALABAMA:

- Intake/Treatment Plan, Western Mental Health Center-David Griffin or Marella Ash (205) 788-7770
- Women's Outpatient Treatment Model, C.E.D. Mental Health Center -James Cody (205) 492-7800
- Substance Abuse Prevention Program (School Base) K-12 Senior Substance Abuse Program (Sr. Citizens) Youth Alternative Program, Community Resource Program (Community Presentations), Agency for Substance Abuse Prevention - Connie Cantrell - (205) 237-8131
- CARE Program: An Intensive Outpatient Treatment Program for Drug/Alcohol Abusers and Families, Huntsville-Madison County Mental Health Center - Smitty Lucas - (205) 533-1970
- Annual Workshop for Alcohol Servers (Bartenders, Waiters, Waitresses, etc.), Jail Counseling/Referral Program, Calhoun-Cleburne Mental Health Center - Kelly Price - (205) 236-3403
- Chemical Dependency Institute, DUI Assessment Team, Athlete/Student Assistance Program, Indian Rivers Mental Health Center - Sheldon Rosenzweig - (205) 345-1600
- Prevention Program, Student Assistance Program, Family Night Program at Residential Treatment Facility, DUI Program, Marshal-Jackson Mental Health Center - Jerry Johnson - (205) 582-3203
- Family Involvement in Intensive Outpatient, PALS Program (Prevention), Babes Program (Prevention), North Central Alabama Mental Health Center - Sandra Holmes or Kirk Minor - (205) 355-6091
- AIDS Policy, Lighthouse Counseling Center - Keith Houston - (205) 264-4555
- Partnership Concept as a Whole/Community Coalition Super Sam, Be Smart, Stay Smart, Just Say No, Mobile Partnership for Youth - Ninky Vickers - (205) 473-3673
- AIDS Policies and Employee Training Program, Peer Counseling Training Program, West Alabama Mental Health Center - Richard Craig, Ph.D. - (205) 289-2410

ALABAMA (con't):

- Case Management Program, Inpatient Care with Comprehensive Outpatient Intervention and Aftercare, Northwest Alabama Mental Health Center - Tom Amster - (205) 387-0541

- Social Services Assessment Form, Program Certification Standards, Program Policy and Procedures Manual, Resource Directory for the Elderly in Jefferson County, AL, Jefferson County Office of Senior Citizens Activities - Barbara Bonfield - (205) 251-2992

- AIDS Policy, Shelby Youth Services - Jody Gothard- (205) 663-6301

- Chemical Abuse Prevention Program-Intervention Program for Families, Drug Education Council - Joseph Drop- (205) 433-5456

- Color Code System for Drug Testing Clients in Outpatient and Aftercare Services, The Bridge - Tim Naugher - (205) 546-6324

ALASKA:

- Counselor Certification Standards - Teresa Staley - (907) 243-1181)

- Here's Looking At You 2000 Curriculum - Bette O'Moor - (907) 561-4213

- Statewide Student Drug Use Survey - Bernard Segal - (907) 786-1801

- Alcoholism Treatment Outcome Study - Matthew C. Felix (907) 586-6201

ARKANSAS:

- Program Accreditation Standards - William Bohannon - (501) 682-6655

- Counselor Certification Process-David Brown - (501) 758-8636

- Early Intervention Programs - John Brownlee - (501) 682-6660

- Chemical-Free Living Centers - John Chmielewski - (501) 682-6657

CALIFORNIA (ALCOHOL):

- Program Certification Standard/Alcohol Recovery Facility Licensing Regulations - Rober Thompson
- Framework for Community Initiatives/Preventing Alcohol Related Problems in California - Karen Stroud
- Drinking Driver Program Licensing Regulations - Joy Jarfors
- County Administrative Standard - Ann Horn

CALIFORNIA (DRUG):

- Third Party Payments Manual - Bob Gonzales
- Standards for Drug Treatment Programs - Don Dooley
- County Review Manual - Don Dooley
- Methadone Regulatins, California Administrative Code, Title 9 - Jean Brinkley
- Methadone Review Instrument - Jean Brinkley
- Prevention Standards - Queen Watson

COLORADO:

- AIDS Regulations for Alcohol & Drug Treatment Programs - Danelle Young

CONNECTICUT:

- Elderly Program-Mainstreaming - Robert Savage
- HIV Education Counseling and Testing in Treatment Program - Robert Savage
- Mainstreaming the Deaf Hearing Impaired Substance Abuser - Robert Savage
- Governor's Interagency Plan on Youth Substance Abuse Prevention and Intervention - Karen Ohrenberger
- Concomitant Psychiatric and Substance Abuse Problems: A Preliminary Study on Dual Diagnosis - Stephen Glass
- CADAC Regional Planning Model - Clifford Laube
- Pamphlet for Judges on Referral/Transfer to CADAC State facilities - Sandra Sunderland

DELAWARE:

- "Above the Influence" Prevention Program - Jeffrey Garland, Office the of Governor (302) 571-3210
- Program Licensing Standards - Marcia Fernandez-Hermo
- Contract/Program Monitoring Protocol - Marcia Fernandez-Hermo (302) 421-6177
- Aftercare/Continuing Care (criminal justice clients)- Howard Isenberg (302) 429-5928

DISTRICT OF COLUMBIA:

- PARADE (Parents Rally Against Drug Epidemic/Community Mobilizations Model) - Marsha Crawford, Project Director - (202) 687-1118
- Plans for Comprehensive Addicted Women's Program- Evelyn Vance, Manager - (202) 727-5156
- Operation Fightback (Citywide Prevention/Intervention/ Treatment Model) - Shirley Wilson, Chief, Office of Criminal Justice Plans Analysis - (202) 727-6537
- Legislation to Evict Drug Dealers - Margaret Jeffers, Esq., Apartment and Office Building Association - (202) 287-1717

FLORIDA:

- AIDS Policy Manual - Thelma Poe (813) 884-6742
- Florida Statewide Epidemiology Report - Linda Lewis - (904) 488-0900
- Florida's Anti-Substance Abuse Plan - Linda Lewis - (904) 488-0900
- Alcohol, Drug Abuse and Mental Health Five-Year Plan 1989-1993 - Linda Lewis (904) 488-0900

GEORGIA:

- AIDS Policies for Community & Hospital Based Programs
- DUI Assessment and Intervention Program
- Developing State Prevention Plan

GEORGIA (cont'd):

- Implementing a State Prevention Resource Center with Technical Assistance and Clearinghouse Function

HAWAII:

- AIDS Modules are Required for State Funded Programs-John McCarthy
- Counselor Certification - Patricia S. Hunter

ILLINOIS:

- AIDS Prevention Services for Intravenous Drug Users In Illinois L. Hargnett
- Consolidated Licensure Standards - M. Bishop
- Triplicate Prescription 1988 Operations Report - R. Vlasity
- Confronting Tomorrow Today: A Comprehensive State Plan for Drug/Alcohol Services - L. Pickup

INDIANA:

- Program Certification Standards
- Funded Agency Service Effectiveness Data

IOWA:

- AIDS Knowledge Survey - Cheryl Christie - (515) 281-4938
- Risk Assessment Survey - Cheryl Cristie - (515) 281-4938
- AIDS Legislation - Cheryl Cristie - (515) 281-4938

KANSAS:

- Kansas Regional Prevention Plan - Cynthia Breitenbach
- Treatment Licensing/Certification Standards - David Chapman
- "Toward A Drug-Free Kansas" Communications Plan - Judy Whitworth
- Program Development, Training and Research System-Richard Ellis

KENTUCKY:

- Champions Against Drugs (Prevention Program) - Diane Shuntich
- Substance Abuse Non-Medical Licensure Standards - Carol Sauers
- State Methodone Protocol - Carol Sauers
- DUI Program Report - Dan Thurber

LOUISIANA:

- DWI Guideline Manual - Sanford Hawkins - (504) 922-0721
- Mothers Against Drugs (Model Primary Prevention Program) - J. Peter Bunce - (318) 869-1768
- Louisiana Review Guide, Monitoring Instrument - Bonnie Butler - (504) 922-0728

MAINE:

- Teen Drunk Driving & 2nd OUI Offender Program Materials - Linwood Oakes
- Dedicated Alcohol Tax Legislation & Funding Strategy- Neill Miner
- Interdepartmental Planning & Program Development Mechanism - Neill Miner
- Child Care Support Services for People Entering Treatment - Sue Harlor

MARYLAND:

- AIDS Policy and Programs - William Lowry
- COPYIR Program - Shane Dennis
- SOAP Program - Steve Goldklang
- Criminal Justice Program - Wayne Kempske

MICHIGAN:

- Licensing Standards for Treatment/Prevention Programs- Gary Wear
- Apprentice Counselor Certification Manual/Test- Judith Pasquarella

MICHIGAN (cont'd):

- Special Populations Test/Manual - Judith Pasquarella
- Model Intake/Assessment/Treatment Plans - Gary Wear
- Michigan Model for Comprehensive School Health Education

MINNESOTA:

- Hearing Impaired/CD Video Tape/State Documents - (612) 297-3000
- Women's Treatment Model - Sharon Johnson - (612) 296-4711
- TV and Radio Prevention Spots - Sharon Johnson - (612) 296-4711
- Report on Cost of Chronic Alcoholics in the Community (Borrow Me a Quarter) - Wayne Raske - (612) 296-2174

MISSISSIPPI:

- Knowledge, Attitudes, and Risk Behavior Survey- Jackson State University - Bettye Fletcher
- Community Prevention Resources and Training - DREAM- June Milam
- Department of Mental Health - Minimum Standards (revised 1/1/89) - Anne D. Robertson, MSW

MISSOURI:

- Program Technical Scope of Work for Residential/Non-Residential -Randy Hodill
- Family Services (Co-Dependency Issues) Demonstration Project - Randy Hodill
- Contract Monitoring Survey - Michael Couty
- Billing Audit Survey - Michael Couty
- Program Planning Document - Andrew Homer, Ph.D.
- "MO Says No" Campaign - Randall Smith
- Prescription Drug Diversion - Edward Corcoran

MISSOURI (cont'd):

- "Abuse and Lose"/DWI Program - Robert McClain
- Certification Document - Robert McClain

MONTANA:

- Counselor Certification Standards
- Treatment Program Approval and Evaluation Standards
- Administrative Rules
- AIDS Policy for State of Montana and Institutions

NEVADA:

- AIDS Policies - Richard Ham, Chief, Bureau Alcohol & Drug Abuse
- Certification/Accreditation Standards - Mary Jenkins
- Statewide Prevention Task Forces - Richard Ham
- Innovative Prevention Programs - Kathy Bartosz

NEW HAMPSHIRE:

- AIDS Knowledge, Attitudes and Behavior Survey - Cynthia Colles

NEW JERSEY:

- Mentally Ill Chemical Abuser Program - E. Malcolm Quigley
- Senior Citizen Education Program to Respect Chemicals- L. Ridolfi
- "Stay Cool" Drug Campaign for Resort Areas - P. Stratton
- Combined Alcohol and Drug Counselor Certification Program - N. Salt

NEW YORK (ALCOHOL):

- Standards for the Operation of Community Residence for Alcoholism (Halfway Houses, Recovery Homes, Supportive Living Facilities - William T. Tyrrell
- Standards for the Operation of Residential Chemical Dependency Programs for Youth - William T. Tyrrell

NEW YORK ALCOHOL (cont'd):

- Standards for the Operation of Alcoholism Facilities - William T. Tyrrell
- Standards for Operations of Inpatient Alcoholism Programs - William T. Tyrrell
- Guidelines for Development of Alcoholism and Alcohol Abuse Programs, 1988-89 - Robert S. Ball
- Long Range Comprehensive Plan for Alcoholism Services in New York State, Long Range Plan 1988 - Robert S. Ball
- Informational Briefing on Credentialling of Alcoholism Counselors in New York State - Bureau of Professional Development
- Group Skills for Alcoholism Counselors - (Cost)- Bureau of Professional Development
- Trainer's Manuals: Alcoholism Counseling: Core Curriculum - (Cost) Contact - Bureau of Professional Development
- Primer on Alcoholism - (Cost) - Bureau of Professional Development
- Self Instructional Manual - (Cost) - Bureau of Professional Development
- Posters
  - "Alcohol - How Much Is Too Much"
  - "COAs & Alcohol - Risky Business"
  - "Getting Drunk is Never Safe"
  - "Don't Be Fooled." This is a Drug Wine Cooler Poster
  - "Do You Use Drugs?" Beer Poster - Betsy Comstock
- Brochures/Manuals
  - "Alcohol Problems in Your Community" (English & Spanish)
  - "Alcohol - How Much is Too Much" (English & Spanish

NEW YORK ALCOHOL (cont'd):

- "Alcohol - Kids & Teenagers"
- "Alcohol - Some Thoughts for Parents"
- "COAs & Alcohol - Risky Business" (English & Spanish)
- "FYI - The Warning Signs of Alcohol Problems"
- "Questions and Answers About Alcohol"
- "FAS" - currently under revision
- "THINK - You Don't Have to Drink" (New York State version)
- "Alcohol Problems Prevention/Intervention Programs: Guidelines for College Campus" College Manual - Betsy Comstock

NEW YORK (DRUG):

- o Comprehensive AIDS Risk Reduction Effort (CARE)- Dennis Whalen (518) 457-2062
- o Homeless Project - John S. Gustafson - (518) 457-7629

NORTH CAROLINA:

- o AIDS Guidelines

NORTH DAKOTA:

- o Counselor Licensure Legislation - John J. Allen
- o Youth Alcohol and Drug Survey - Grades 7-12 - John J. Allen

OHIO:

- o Driver Intervention Program Cost Reimbursement System- Walter Hull (BAAAR)
- o Teenage Institute on Alcohol and Other Drugs - Rob Steele (BAAAR)
- o Ohio Drug and Alcohol Studies Institute - Jerry Wise (BAAAR)
- o Program Certification Standards Process - Louis Haynes (BuDA)

OHIO (cont'd):

- Management and Fiscal Information System - Walter Hull and Larry Isch (BAAAR)

OKLAHOMA:

- Department of Mental Health AIDS Policies - Paula Grove
- Report of DMH AIDS Task Force - Paula Grove

OREGON:

- State/Adolescent Usage/Attitude Survey
- State Review/Administrative Rule Process, State-Wide Parent-Family Training
- Project to Reduce High Risk Factors, Performance Contracting Process, Interagency-State Level Model, HIV-AIDS Outreach Worker Project, Higher Education
- Alcohol & Drug Steering Committee (model), and Annual Conference, 12 Training Courses

PENNSYLVANIA:

- Teen Pregnancy/Parenting Program - Joyce Robertson
- Student Assistance Programs - Joyce Robertson
- Treatment Alternatives to Street Crime - Gloria Martin-Payne
- Absenteeism Programs - Joyce Robertson

PUERTO RICO:

- Mobile Clinics Program for the Treatment of Drug and Alcohol Abuse on an Ambulatory Drug Free-Basis - Mrs. Lizzie Torres (809) 758-7155

RHODE ISLAND:

- 1987 Harvard University Needs Assessment: Drug Treatment & Prevention Plan for Rhode Island - Kerry O'Neil
- 1985 Brown Needs Assessments: a) Substance Abuse Treatment in Rhode Island Population Needs and Program Development b) Care for the Chronic Inebriate - Kerry O'Neil

RHODE ISLAND (cont'd):

- 1987 Legislation, Insurance Coverage for Treatment of Substance Abuse - Kerry O'Neil
- Bramley Bill (Legislation that Provides Funding for Municipal Prevention Programs Through Directing Revenues from Motor Vehicle Violation Penalties into a Restricted Receipt Account Specifically for Funding Drug Prevention Programs) - David Hamel
- Model "School Substance Abuse Policy Guide" (K-12)- David Hamel
- Model "Children of Alcoholics Prevention Program," ages 3-18 - David Hamel
- Driving While Intoxicated (DWI) Legislation - Jo-Ann Cotnoir
- Bridge Aftercare Project (Peer Support for Recovering Addicts - Kerry O'Neil
- Counselor Certification Standards - David Hamel
- Transitional/Long-Term Care Model for Chronic Inebriates - Kerry O'Neil
- Human Ecology Program (K-12 Substance Abuse Curriculum) - David Hamel
- Peer Education Program - David Hamel
- Substance Abuse Resource Guide - David Hamel
- The Governor's Guide for the Prevention and Alcohol & Drug Abuse - David Hamel
- The Working Task Force - David Hamel

SOUTH CAROLINA:

- Credentialling Criteria - Counselor, Intervention Specialist, Prevention Specialist - Julie Treat
- Quality Assurance Program Standards - Sarah Meadows
- Women's Alcohol Education Package - Gaye Christmus
- Trainer's Manual for "Identification and Referral of Substance Abusing Youth" - Moses Rabb

TENNESSEE:

- Short-Term Family Counseling Programs - Belinda Sears
- Outreach/Walk-In Clinics - Robbie Jackman - Michel Randle
- Group Home/Day Treatment Programs - Belinda Sears

TEXAS:

- School and Adult Survey (Expanded Questions on Inhalants)
- Licensure Standards, Including Host Home Standards
- Posters for Indians, Elderly, School Children
- Curriculum for Counseler Training

UTAH:

- School Survey of Incidence and Prevalence of Substance Use and Abuse - Dr. Steven Bahr, June 1989
- Statewide Incidence and Prevalence of Substance Use and Abuse - Dan Jones, June 1989
- Server Training Standards - Pat Fleming
- Substance Abuse Prevention in a Rural Community Impacted by Tourism - Rod Hopkins (Summit County, Utah)

VERMONT:

- Standards for Program & Counselor Approval - Stuart Friedman
- K-12 Alcohol/Drug Curriculum - Patty Auger
- Standards and Criteria for Quality Assurance - Tim Mailly
- Standards for Financial Assistance for Substance Abuse Treatment Services - Tim Mailly

VIRGINIA:

- Professional Counselor Licensing - Wayde Glover
- Community Services Boards Evaluations - Elizabeth B. Whitley, Ph.D.

VIRGINIA (cont'd):

- Staff Training Manual for Social Setting Detox Services - Martha Williams

WASHINGTON:

- Implementation Plan, and Progress Reports on Alcoholism and Drug Addiction
- Treatment and Support Act (ADATSA) program - Milo Kurle
- Local Networking Prevention Program - Paul Templin, Mike Langer
- The Omnibus AIDS Bill of Washington State - Dr. Mimi Fields, Office on HIV/AIDS

WEST VIRGINIA:

- Innovative Treatment for Women - Linda Burris - (304) 233-6250
- Model Program for Shelter and Evaluation of Public Inebriates - Toni Estep - (304) 345-4800
- Model Day Treatment Program for Adults - Don Dague - (304) 233-6250
- Union/Management Occupational Prevention/Awareness Project - Frank Frantauzzo - (304) 345-5811

WISCONSIN:

- Wisconsin Task Force on IV-Drug Abuse and AIDS: Deborah Powers
- Report of the Youth Task Force: Lou Oppor
- Wisconsin Alcohol and Drug Abuse Indicators - 1988- Mike Quirke
- Program Standards
- Counselor Certification Standards
- Needs Assessment Evaluation Systems
- Allocation Methods
- IV-Drug Abuse and AIDS Program
- Intoxicated Driver Program

WISCONSIN (con't)

- Model Programs: Prevention, Treatment, Women and Minorities, Youth Treatment

APPENDIX D

STATE NARRATIVE REPORTS ON MAJOR UNMET NEEDS

STATE NARRATIVE REPORTS ON MAJOR UNMET NEEDS

ALABAMA	Continued expansion of public treatment programs to reduce accessibility problems (adult and adolescent).
	Develop substance abuse treatment programs that meet the specific needs of criminal justice clients.
ALASKA	Establish increased emergency and residential care services for public inebriates ($14,600,000 Capital and $3,200,000 Operating needed).
	Establish an inhalant abuse prevention program ($260,000 Operating).
	Provide additional support for adolescent treatment ($380,000 Operating).
ARIZONA	Expanded detoxification treatment units primarily for the public inebriate and the IV drug user.
	Expanded post - detoxification treatment continuum opportunities.
	Youth treatment facilities, particularly residential, are not adequately in place.
ARKANSAS	Comprehensive treatment services for youth. Resources needed are funding facilities and appropriate staff.
	Dually diagnosed. Resources needed are funding, staff, and psychiatric services.
CALIFORNIA (DRUG)	Residential services to youth need to be increased. ADP is encouraging all California counties to increase the service by increasing facility capacity and opening new programs.
	Residential services for adult women with children are needed for which funds and facilities are limited.
	Residential detoxification for both youth and adults need to be increased throughout the State. Again, funds and facilities are limited.

	Prevention/intervention services for youth need to be increased, which would require more funding and staffing.
CALIFORNIA (ALCOHOL)	Funds are needed for additional residential services, especially for adolescents.
	Funds are needed to (1) upgrade existing facilities, particularly those providing services to women with dependent children, and (2) remodel existing facilities to be accessible and available to the handicapped and disabled.
	Necessary funding funding is needed for facilities and staffing to meet the needs of individuals diagnosed with mental illness and alcohol and drug problems.
	Funds are needed to provide additional treatment and rehabilitation services, especially for special populations, e.g., ethnic minorities and the elderly.
COLORADO	Long - term care for chronic substance abusers.
	Additional resources for treatment of persons involved in the criminal justice system that also have substance abuse problems.
	Additional resources for treatment of adolescents who cannot afford treatment.
CONNECTICUT	Insufficient funds to expand treatment programs to meet current demands.
	Difficulties in establishing sites to open treatment programs.
DELAWARE	Services for chronic alcoholics. Current system is not geared to special and ongoing services needed by this population.
	Additional residential options, especially for drug abusers. Current services are insufficient to meet the demand.
	Additional outpatient capacity. Current services are insufficient to meet the demand.

DISTRICT OF COLUMBIA	Inadequate number of residential treatment beds due to funding and community opposition for new sites. Training in drug prevention and intervention for all health professionals. Quality assurance and epidemiology.
FLORIDA	The incidence of newborn infants who have been exposed to illicit substances has skyrocketed. Substance abuse criminal involvement and teenage pregnancy rate have substantially increased. More residential outpatient and day treatment programs that are specifically designed for women are needed. These services should also include child care services. As the incidence of HIV infection increases so does the need for specific services for this population. Also, increased demands for data collection and statistical analysis.
GEORGIA	The very limited increase in Federal funds has not been able to keep up with the increasing demand for services. With the increasing shift in the population seeking treatment (i.e., older alcoholics to younger cocaine abusers) more and better-trained staff are necessary to meet this increasing demand. Adults and adolescents need more longer-term treatment facilities across the board.
GUAM	At present there are insufficient funds to support a free-standing residential facility for drug and alcohol clients. There is a lack of trained counselors with drug and alcohol treatment experience.
HAWAII	Adolescent services - all resources needed. Services for physically, hearing, visually handicapped - all resources needed. Social detoxification services on neighbor islands - all resources needed.

	Data collection - hardware, software, trained staff.
	Statewide planning - technology, training, staff.
IDAHO	Adolescent Inpatient Treatment - currently the only inpatient treatment programs for adolescents in Idaho are private for-profit that are not accessible to persons without insurance or considerable funds. There are no public - supported inpatient programs for adolescents. A draft needs assessment indicates there are currently more than 200 youth being carried on outpatient caseloads Statewide that, for these youth, the most appropriate treatment would be inpatient if resources were available. The need is funding, and there is a current request before the Governor.
ILLINOIS	AIDS, waiting lists - the inability to access the system in a reasonable length of time has caused numerous problems in Illinois and pregnant women. Women continue to be statistically under-represented throughout the Illinois publicly supported treatment continuum. While this is problematic in and of itself, females of child bearing age who use and abuse substances create additional risks for the unborn child should they become pregnant. Pregnant females seeking treatment services have additional barriers to access services due to their increased need for medical attention and potential medical complications and liability issues.
	The above needs were the result of Statewide planning meetings. In addition, different regions noted different gaps in the continuum of services.
INDIANA	Funds for the orderly development of a balanced service system of treatment for low-income persons.
IOWA	Facilities for juvenile and adult treatment.
KANSAS	Major needs include continuum services for indigent youth, completion of regionalized prevention programming and upgrading of existing treatment programs and facilities. Funding is needed to expand the programming,

	repair or replace facilities, and upgrade staff and technology. Legislation is needed for mandatory credentialling.
KENTUCKY	Adolescents (detoxification, rehabilitation, transitional, vocational). Elderly, women, public inebriates, perpetrators and victims of domestic violence - full continuum of care detox, outpatient, halfway house, residential. Child care for women, housing for homeless alcoholics, IV drug users - more facilities, services and specialized funding.
LOUISIANA	The waiting list for inpatient residential treatment averaged in excess of 250 percent of available beds. To achieve an increase in number of available beds would require an addition in number of State - operated beds or purchase of beds from the private sector. The availability of detoxification services is not consistent throughout the State, and a Statewide social detoxification system is needed.
MAINE	Establishment of adolescent service system-gaps in funding and skilled clinical personnel. Maintenance of existing service system-insufficient to provide for cost of living increases. Treatment services - especially non-residential rehabilitation and outpatient services for indigent clients - insufficient funds to purchase more of needed services.
MARYLAND	Provide outpatient treatment for adolescents and families identified through the SAP. Early identification leads to stronger recovery from abuse problems.
MASSACHUSETTS	Treatment for AIDS patients. Treatment in correctional facilities. Treatment for women with children.
MICHIGAN	Not specified

MINNESOTA	We hope to be able to hire a full-time planner to work on women's services (currently one person does both prevention and women's planning). Minnesota continues to see needs in the area of services to refugees, the dually disabled, migrant workers and the homeless. One of the main reasons for problems in minority groups is the lack of available bilingual, bicultural professionals to work in these areas.
MISSISSIPPI	More coordination of national agencies providing prevention and education monies to the States. National funding of activities within the State without coordination with State Agencies or programs providing services results in duplication of effort.
	Treatment programs are in need of training on the local or State level in order to effectively treat the rising number of alcohol and drug abusers.
MISSOURI	Expansion of services and regional parity: Although some parity money was received in the FY '88 budget, funds are still needed to increase services Statewide and to add services to regions that lag behind others in expenditures.
	Services to special populations: This issue was addressed and improvements have been made, but we are still short of our long-term goal.
MONTANA	Lack of detoxification and inpatient beds for indigent adult and youth in Eastern Montana. (funds)
	Difficulty maintaining qualified staff in rural areas.
	Lack of transitional living or extended care beds including specific facilities for youth and women (funds, staff, facilities).
	Lack of prevention/educational programs for rural communities with the networking of existing programs (funds, staff).
	Maintenance of existing levels of service with decreasing public fund (funds).

	A need for development and expansion of community based prevention activities.
	Expand prevention efforts from school to parents and community groups.
	Lack of outreach and outpatient services in rural communities (funds).
NEBRASKA	Treatment and prevention services for youth (Funds).
	Emergency detoxification services -(funds).
	Youth and adult partial/day care programs-Effectiveness in rural areas and funds.
	Evaluation methodology development-technology, staff, training.
NEW HAMPSHIRE	Treatment programs for women with a child care component.
	Sufficient treatment slots to provide ready access for all seeking treatment.
	Cross - training of substance abuse counselors and mental health workers in order to afford comprehensive services to dually diagnosed individuals along with an adequate number of specialized treatment slots.
	Provision of treatment programs for inmates incarcerated at the State prison and county houses of correction.
	Additional student assistance and peer leadership programs.
	Availability of detoxification programs for pregnant women addicted to heroin and cocaine.
NEW JERSEY	Increased residential and outpatient treatment services for juvenile alcohol and drug abusers.
	Increased funds for treatment slots targeting intravenous drug abusers.
	Halfway house services for recovering alcoholics and drug abusers.

	Extended care services for homeless/chronically debilitated alcoholics and drug addicts.
NEW YORK (ALCOHOL)	The alcoholism service delivery system reaches approximately eight percent of the population in need. In many communities the most fundamental services, including alcoholism clinics, do not exist.
NEW YORK (DRUG)	The following identified needs/issues are drawn from local/county substance abuse plans submitted to the Division in accordance with State Mental Hygiene Law. These planning documents help to guide and direct the Agency's current and planned programming efforts. Cocaine - The attraction and tenacity of cocaine have placed a heavy burden on the State's treatment system. A significant proportion of admissions to drug-free treatment programs identify cocaine as the primary drug of abuse. Polydrug Use by Youth - Almost all counties indicate that the use of alcohol in combination with drugs is a major problem, particularly among youth. Inadequate residential services is a need cited by some counties, particularly those that are primarily rural. AIDS - The Division's focus on the AIDS crisis reflects the concern regarding this disease voiced by those at the county level. Localities are stressing education, both for the general public and within the school system, as the major route to preventing the spread of AIDS. They are also voicing a need for counseling services for those who test HIV positive. The threat of this disease is perceived in even the most rural counties.
NORTH DAKOTA	Community-based services for the dually diagnosed and the chronically alcohol- and drug- dependent. Facilities as well as staff are needed for these populations. Training is also a requirement.
OHIO	State alcohol funding in Ohio continues to fall dramatically short of the need for services. The current ratio of the annual cost to Ohioans to the annual State funds

expended for such services is over 500 to one.

Ohio continues to document a need for services by determining that approximately 152,000 adolescents aged 13-19 years and 527,000 adults have problems related to alcohol and other drug abuse. This will require Ohio to increase its prevention and intervention services in order to decrease the number of persons requiring treatment services. Ohio has identified approximately 40,000 persons receiving treatment services. Based on data received in 1987, approximately 177,400 Ohioans have been identified as medically indigent and in need of treatment for alcohol and other drug problems. These statistics continue to document the need for alcohol and other drug abuse services.

Both public and private schools, from elementary grades through universities, are voicing the need for various alcohol and drug abuse services including prevention and education programs for students and parents; staff training programs; and intervention and treatment programs in the community.

Both the adult and juvenile criminal justice systems need a number of services including alcohol and drug abuse screenings and evaluations; short-term intervention; in-house treatment services; community-based treatment services to be used both in lieu of incarceration and to provide aftercare; and driver intervention programs.

OKLAHOMA

All A/D treatment programs and many mental health centers have waiting lists. While we support "treatment on demand" for IV drug users and persons with AIDS and their families, resources do not always make this possible.

OREGON

Alcohol/drug prevention and early intervention services for youth, residential adolescent treatment services, outpatient adolescent treatment, specialized treatment services for women, treatment services for IV drug abusers, treatment for the hearing impaired, treatment of minimum security offenders, dual diagnosis clients, ethnic minority outpatient treatment, chemical dependency detoxification and treatment for Human Resources Agency referrals.

PENNSYLVANIA

Adequately trained staff at treatment facilities

Renovation money for prospective residential programs

AIDS outreach

Services for the homeless drug and alcohol abuser

PUERTO RICO

Our treatment of drug addictedclientele has increased by 48.1 percent in the last four years. Our financial resources are unable to cope with this increase. We have waiting lists for detox and treatment and all our facilities are operating at maximum capacity.

We need to acquire knowledge of drug use patterns in our youth. We need funding to carry on a survey among high school students to be used in planning our prevention programs.

Additional funding is needed to expand our prevention efforts in the community.

RHODE ISLAND

Funding needed to maintain current level of treatment services network, including residential alcohol treatment services for women; methadone maintenance services targeted at individuals at risk of contracting AIDS; operating expenses for implementing transitional/long-term care program for chronic inebriates; and capital and operating funds for a male adolescent drug treatment program.

Funding for expansion of drug and alcohol treatment services, including expansion of outpatient detoxification services;
increasing prevention system;
specialized Hispanic services;
hospital care for individuals with AIDS; and funding for specialized cocaine services (including training). Additional resources are needed to establish a Statewide computer data system; expand student assistance

	programs; establish master level substance abuse counselor program; and establish Substance Abuse Resource Center.
SOUTH CAROLINA	Additional staff for assessment, case management, and treatment of increasing numbers of DUI offenders. Additional funds for provision of services to persons entering treatment under involuntary commitment. Services in greatest demand are intensive outpatient, detoxification, and transitional care. Funds for computer hardware and software to enhance information management and transfer to improve both financial and client record systems of local contractors and State system as a whole. Funds for facility construction and/or renovation to replace numerous structures that are overcrowded, outmoded, and deteriorating.
SOUTH DAKOTA	Funding not currently available to establish and operate an appropriate adolescent aftercare system. Local salary scale appears to be inadequate to attract and retain the necessary supply of certified counselors.
TENNESSEE	Providing adequate services for A&D - related emergency commitments continues as a major problem for our service delivery system. Inadequate funding support for public alcohol and drug abuse programs. Inadequate funds to provide appropriate care for dually diagnosed clients, whether A&D setting or psychiatric setting.
TEXAS	The Statewide school and adult surveys identified a significant member of young inhalant abusers in need of services. The survey also documented the extent of heavy alcohol consumption by students and the widespread use of drugs, especially needles, by adults in the criminal justice system.
UTAH	7.4 percent, or 13,000 of youth 12-17 had extreme or severe substance abuse problems according to a Division - sponsored 1983 incidence and prevalence survey. These

youth were in immediate need of treatment. A more recent fact-finding survey by the Division asked programs to provide us with an update on how many youth they currently estimated were in need of treatment in 1987. The programs placed the new figure at 20,000.

Youth are currently being underserved in treatment programs. About 4.5 percent of all admissions in FY 1988 were made up of youth under the age of 18. However, youth ages 12-17 comprise approximately 10 percent of the population (181,000 Utah youth out of a total population of 1.68 million - Utah State Office of Planning and Budget).

Some critical youth program needs identified during the fact-finding survey were:

1. Groups for youth returning to school who are trying to recover from a serious addiction, and stay drug free.
2. Youth substance abuse treatment and early intervention groups in the school setting.
3. Short- or long-term intensive treatment for severely addicted youth.

A Statewide survey in 1986 estimated that a sum of $5,000,000 was needed over a two-year period to implement youth substance abuse treatment in the State. Over a three-year period the Division has been able to gain $1,000,000 toward this effort.

VERMONT

Generally, we lack the funds to provide prevention, intervention or treatment services at a level to meet the demand.

VIRGINIA

The AIDS epidemic has created a critical need for more community- based information, education and treatment for IV drug abusers as well as for the general public.

The need to expand substance abuse services in general, especially to serve special populations (minorities, etc.)

WASHINGTON

Funding for residential treatment for youth (facilities and expertise are available).

	Funding for treatment for pregnant and parenting women (medical stability, prenatal care, daycare).
	Funding and training for dual diagnosis (mental/substance abuse) treatment.
	Funding and statutory change for drug detoxification and involuntary commitment.
WEST VIRGINIA	Increased services for adolescents, particularly residential treatment and group homes (funds, facilities, and staff).
	Expanded day treatment programming (funds, training, and staff).
	Community outreach and early identification services, (funds, training and staff).
	Expanded prevention services (funds, training and staff).
	Programs for the elderly (technology, training and national emphasis).
WISCONSIN	Funding resources are needed for improved services to youth, and to other underserved populations including minorities, women, the physically disabled and hearing impaired, as well as to the IV-Drug Abuse and AIDS Program.

APPENDIX E

STATE NARRATIVE REPORTS OF SIGNIFICANT CHANGES IN SERVICES DURING FISCAL YEAR 1988

STATE NARRATIVE REPORTS OF SIGNIFICANT CHANGES IN SERVICES DURING FISCAL YEAR 1988

ALABAMA:

- Cocaine related DSM III-R diagnoses increased from 239 to 1,178 individuals
- Total number of persons served increased from 7,677 to 11,100 (an increase of 44.6%). This increase occurred through the use of expanded outpatient services. No additional residential facilities were added to the system.
- Alcoholism and Drug Abuse treatment programs are looking more and more alike in terms of their caseloads. Polysubstance abuse in increasing.
- ADTR money was the funding foundation for the increase in the development of expanded outpatient treatment services.

ALASKA:

- Per capita consumption of beverage alcohol continued to decline.
- Federal funding through the Indian Health Service has established two new youth residential treatment programs.
- Methadone programs have begun to draw blood for the purpose of testing for AIDS.

ARIZONA:

- The development of a position paper and implementation of a policy on prevention.
- Approximately 85% of the State funded treatment units participated in the AIDS training "AIDS and the IV User" that was developed by NIDA.
- Heroin treatment and crisis decreased slightly while cocaine admissions continued to increase. There is an indication that amphetamine IV use is on the increase.

ARKANSAS:

- The numbers of Chemical-Free Living Centers was increased to aid those individuals, who successfully completed alcohol or other drug abuse treatment, in re-entering the community in a drug free environment.
- Specialized Adolescent Treatment Services were initiated in a pilot project in Western Arkansas. Services, however, are provided to a limited geographical area.

CALIFORNIA (ALCOHOL):

- Legislation enacted in FY 1988 provided for a 30-month drinking driver treatment program for those convicted of a third or fourth DUI offense. Programs must provide for close and regular supervision of participants and include a variety of treatment services such as lectures, classes, group discussion and group and individual counseling. The first programs are expected to begin operations in Los Angeles County effective January 1989.

CALIFORNIA (DRUG):

- Methadone regulations were changed last year. The CALDADS data-gathering procedure was modified so as to better determine the results of these changes. In addition, the Department increased the number of emergency methadone detoxification slots by 250 and outpatient maintenance treatment slots by 817 statewide to strengthen services available to the at-risk population.
- Prevention efforts continue to emphasize youth as a primary target population. The state placed an increasing focus on target populations which meet one or more of the federal criteria for high-risk youth and their families. A major contract was awarded to establish a statewide prevention resource system to better coordinate existing resource centers, develop new materials, and disseminate information on drug and alcohol issues to schools, researchers, prevention practitioners, local officials, and the general public.
- As was reported last year, the use of cocaine and its derivative "crack", remains high in California. Extremely violent criminal gangs have expanded the scope of their crack dealing from the large cities to the suburbs.

- An alarming increase has developed in the trafficking and use of illegal amphetamine and chemically-related drugs. Recent information available indicates that 30% of "meth" users are injecting the drug. This has obvious and serious implications for AIDS and other diseases transmitted by IV drug use.

- IV drug use is a significant part of the AIDS/ARC problem. ADP continued to focus funding priority for IV drug user treatment in FY 1987, and expects to increase the emphasis on IV drug user treatment in the coming months.

- A major cooperative state-level effort is being undertaken to reduce the addiction and developmental disabilities of perinatal and very young children where their mothers are using drugs or alcohol. ADP, in cooperation with other state agencies, is developing a series of strategies intended to educate pregnant addicts, mothers of infants, and women of childbearing age in the importance of seeking treatment and recovering from addictive and unhealthy lifestyles.

COLORADO:

- Development of a community based referral and case management system for parolees modeled after the TASC program.

- A training program for prevention professionals and a registry of trained prevention professionals.

CONNECTICUT:

- There was a significant increase in the level of funding reported in the State Alcohol/Drug Agency Treatment activity for State FY '88. This was the result of the transfer of substance abuse programs from the Department of Mental Health to the Connecticut Alcohol and Drug Abuse Commission as of July, 1987.

- Relationship developed with elements of the criminal justice system, which allowed CADAC to gain better control of the flow of court-committed clients into and out of the system. This allowed better understanding of mutual and individual problems of CADAC and other elements of criminal justice system leading to better working relationship and ongoing mutual activities to the benefit of CADAC and criminal justice system.

- Residential treatment services to the under 18 population were transferred from CADAC to the Department of Children and Youth Services as part of a long range plan to make DCYS the agency of cognizance for all services to the under 18 population of Connecticut.

- New services funded during fiscal 87/88 include: 2 residential treatment programs; one for drugs and the other for Hispanic alcohol abusers.
- Referrals and commitments to the CADAC community based system and to its treatment facilities have resulted in waiting lists for volunteer patients. The Veteran's Home and Hospital established a treatment program for service veterans. This was accomplished with CADAC technical assistance and consultation. A unique assessment and referral unit has been developed by a CADAC funded program, Regional Youth Substance Abuse Program of United Way, to assess and refer under 18 year olds who reside in a six (6) town region of Eastern Fairfield County.
- Expansion of AIDS education, testing and counseling programs in treatment sites, staff training on AIDS issues and AIDS Risk Reduction Outreach Worker programs.
- Increase in the rehabilitation capabilities in the substance abuse treatment area through the provision of funds for two new vocational rehabilitation programs. Together these programs will serve approximately 200 unduplicated chemically dependent clients per year.

DELAWARE:

- Responsibility for all children and youth alcohol and drug services (prevention and treatment) was transferred to a different Department (Department of Services for Children, Youth and Their Families).
- The criminal system increasingly used treatment as a sentencing alternative for alcohol and drug abusers, with concomitant impact on the treatment system.

DISTRICT OF COLUMBIA:

- Expansion of outreach services to communities/housing developments AIDS testing in general population/CDC study.
- Increased prevention and intervention activity among criminal justice agencies.
- Medical protocols revised to expand access to treatment and reduce waiting list.

- Developed plans for comprehensive model treatment program for addicted women.

- Drug abuse in the District of Columbia is at an all-time high. Over the past 36 months ER mentions for all drugs increased 48 percent.

- More than 31,000 referrals were made to the city's criminal justice program.

- A decrease in overdose deaths attributed to heroin only; increase in deaths attributed to cocaine alone or a mixture of cocaine and heroin.

- An increasing shift from maintenance to abstinence modality which is attributed to an increased demand for treatment for cocaine and PCP.

FLORIDA:

- The increase in the incidence of infants exposed to illegal substances, an increase of cocaine use (from 29% in 1983 to 64% in 1988) and the increase in HIV infection have all had a significant impact on treatment services in Florida.

GEORGIA:

- The final phase of the Statewide A&D Regional Plan was implemented in FY '88. The funding process was completed as of the end of FY '88. The only remaining steps are to bring the community-based detox, 28-day, and Long Term Residential Care programs on-line in the areas receiving funding in the last quarter of FY '88.

- In FY '88 new staff have been hired through the CDC Seroprevalence Study Grant to provide AIDS education and pre and post test counseling. Street Teams have been developed and mobilized to provide prevention information in the community.

- DUI assessment and intervention pilot programs have been implemented in 9 areas across the State.

- Prevention projects targeting High Risk Youth between the ages of 0-17 were funded to develop a community based network of services. The Governor's Commission on Drug Awareness and Prevention was established. This commission conducted a study of alcohol and drug use among school aged children (PRIDE), and established the Governor's Helpline.

- There has been an increase in the availability of services for adolescents in FY 88 through the opening of new facilities for longer term treatment. Student Assistance Programs have been established so as to identify and engage students at risk in the adolescent continuum of care.

HAWAII:

- Toward the end of FY 1988, became aware of growing use of crystal methamphetamine (principally by smoking) in certain areas of the state.
- Through ADTR funds, attempted for the first time to link adolescent outpatient intervention and treatment services to various Department of Education complexes. Planning and proposal solicitation begun in FY '88.

IDAHO:

- Increased prevention programming directly related to the drug-free schools and communities funds.

ILLINOIS:

- Completed Year 1 of a 3 year planned expansion of adolescent treatment services.
- Families InTouch: Expansion of existing InTouch School based prevention initiative to a broader base of Families and Communities.
- Expansion of services to IVDUs through multi-modality programming and new and innovative approaches such as project STABLE.
- Women continue to be statistically under-represented throughout the Illinois publicly supported treatment continuum. While this is in and of itself problematic, females of child bearing age who use and abuse substances create additional risks for their unborn children. Pregnant females seeking treatment services have additional barriers to access of services due to their increased need for medical services and potential medical complications and liability issues.

IOWA:

- Increase in the use of cocaine.

KANSAS:

- Licensing/credentialling criteria for treatment programs was amended to include AIDS Policy.
- Regional prevention center system was expanded.
- A second youth residential treatment center to serve indigent youth was opened.
- Reintegration programming for indigent youth was established.
- Penalties for DUI were increased.

KENTUCKY:

- The Governor allocated $766,202 of Drug Free Schools funds to the Division of Substance Abuse to carry out the Champions Against Drug Program and to establish 10 student assistance programs. Kentucky has adopted a "care team" model for these student assistance programs.
- The Carrollton bus tragedy sparked higher public awareness regarding school bus safety and driving while intoxicated enforcement, intervention and treatment.
- The Teen leadership conference was a large success.

LOUISIANA:

- Enhanced day treatment has become more prevalent in order to engage those individuals who could remain in outpatient treatment in an enriched milieu and to relieve the large waiting list for inpatient treatment.
- Developed specific treatment groups to address cocaine addiction.

MAINE:

- Improved evaluation and intervention services for second DUI offenders.
- Establishment of pilot day treatment or non-residential rehabilitation services in 2 locations.
- Establishment of expanded day care services for substance abusers entering treatment.
- Increased focus on quality of care; increased professionalization of treatment services being delivered in several locations. —

- Development of new management information system to track client service utilization - implementation to begin in January 1989.

MARYLAND:

- In 1988, the ADAA continued to expand its comprehensive identification, assessment and treatment system for adolescent alcohol and drug abusers by working closely with the schools, courts, juvenile services agencies, and departments of social services, at local and statewide levels.

- There were 4,096 adolescents admitted to alcohol and drug abuse treatment services, which represents a 77% increase in adolescent admissions since FY '83. Residential care was increased with the addition of 10 new intermediate-care beds in the central Maryland region, and the 27 group home beds that were established in Western and Central Maryland.

- Another significant accomplishment in the area of alcohol and drug abuse prevention for adolescents was the development of special prevention programs for high-risk youth (i.e., children of substance abusers, school drop-outs, pregnant teens, disabled youth).

- With an estimated 50,000 intravenous (IV) drug users in Maryland and an estimated 25-30% HIV seroprevalence among IV drug abusers, the ADAA has employed a multifaceted strategy of prevention, education and training, and treatment;

- Street Outreach for AIDS Prevention (SOAP), which educates addicts about AIDS transmission and needle use, safe sex and treatment alternatives. This program is primarily focused in Baltimore City and Prince George's County (which have the greatest concentration of IV drug users) and has been responsible for referring several hundred addicts into treatment;

- Training for over 640 counselors and clinical staff at drug and alcoholism treatment programs about AIDS, AIDS risk assessment and reduction, and AIDS related counseling issues;

- Mandating that all ADAA funded programs provide risk assessment and risk reduction counseling to all clients within 30 days of admission to treatment; and

- For those IV drug abusers who sought to "get off the needle" and into treatment, the ADAA added 75 slots to the Rapid Medical Intake System which allows the addict to enter treatment without delay.

- Legislative approval for State agency alcohol and drug merger, and the creation of the Alcohol and Drug Abuse Administration.

MASSACHUSETTS:

- There was a substantial commitment of new resources to the treatment of intravenous drug users. Methadone services were expanded and additional residential beds were developed. Service to IV drug users increased from 7,500 clients during FY '87 to 12,000 in FY '88.

- Attention has also been focused on treatment resources in correctional facilities and courts.

- The major structural change was a continuation of the merger of alcohol and drug treatment services into a substance abuse treatment system. Regulations for detoxification and outpatient treatment were revised to encourage treatment of alcoholism and drug addiction in the same facility.

- Funding mechanisms have also been revised to encourage substance abuse services. As a result, IV drug users have been served in all treatment programs.

MICHIGAN:

- Purchase of service approach.

- Increase in demand for services related to cocaine and those dually diagnosed. 40% increase in cocaine admissions statewide.

- Increased attention to student assistance programs. State is currently in the planning stage of incorporating pilot programs into the state-supported school health curriculum.

MINNESOTA:

- The most important change was the implementation on January 1, 1988, of the new Consolidated CD Treatment Fund in Minnesota. This fund combines all federal and state public treatment dollars into one account, administered by our Division. All public clients must now be assessed and placed by counties or Indian reservations according to statewide criteria (Rule 25). The first year of operation has gone quite well, as described in the attached report.

- The Division continued to play a lead role in coordinating State and local efforts to prevention AIDS among IV drug users. A State AIDS-IV Work Group has been established by the Division. The State continues to deliver needed AIDS-related training.

- Second-time DWI offenders are now required to undergo a full Rule 25 assessment. While there is still some resistance to this on the part of some courts, preliminary results indicate that this has improved the assessment process for repeat drunk drivers.

- Minnesota continued to see an increase in the use of cocaine and in substance-exposed infants and is working actively to reduce these problems.

- Finally, the new "war on drugs" prevention money has added new interest and commitment to community-based prevention projects.

MISSISSIPPI:

- The number of clients reporting cocaine as their primary drug of abuse has increased and the number reporting marijuana/hashish as their primary drug of abuse has remained stable.

- The number of citizens, volunteers, organizations, and agencies interested in the prevention of alcohol and drug abuse has continued to grow.

MISSOURI:

- The legislature funded for the first time major quality of care enhancements in the physical plants of contract programs.

- Three Family Demonstration Projects were awarded, providing intensive outpatient services to family members of alcohol/drug abusers. The projects provide an integrated family approach in that services and specialized groups are offered to co-dependent adults, adolescents, and younger children. The projects offer intervention and also have the capacity to provide treatment for the primary abuser.

- During FY '88, the Division of Alcohol and Drug Abuse implemented the Missouri School/Community Team Program, which includes a five-day prevention training for action teams composed of key school and community representatives. The purpose of the training is to provide in-depth knowledge and skills regarding causes of alcohol and drug abuse problems, and community-wide strategies to prevent such abuse. Training staff also facilitate team-building and assist the teams to develop comprehensive action plans to implement after completing the training. This approach recognizes that every community's problems differ, and that teams composed of committed local citizens will be most effective in analyzing and solving these problems. Seventeen action teams were trained in FY '88 and follow-up technical support was provided by the Division's regionally-based prevention programs.

MONTANA:

- Increase in admissions to intensive outpatient treatment due to inadequate insurance coverage of inpatient treatment.
- Development of network of community based prevention programs on statewide level.
- Increased prevention activities and interest in the State.
- On a local level greater cooperation between treatment, prevention programs and other agencies toward prevention efforts.
- Significant increase in the numbers of individuals from professions outside the chemical dependency treatment field applying for certification as chemical dependency counselors. This includes teachers, school counselors, nurses, mental health professionals, probation and parole officers and others from the criminal justice system.
- Rimrock Foundation opened a 20 bed adolescent treatment facility.
- Blue Bay Healing Center opened their doors which is a unique "family, community and cultural" approach in Native American treatment.

NEVADA:

- The Nevada Bureau of Alcohol and Drug Abuse began a youth initiative in 1988. It consists of (1) increased outpatient, residential and day care services for youth, (2) alternative activity programs for youth, (3) alcohol and drug evaluation for youth who come in contact with juvenile justice authority, and (4) life skills training for youth (and their parents) who come in contact with juvenile justice authority.

NEW HAMPSHIRE:

- o As a result of a greater awareness of substance abuse problems in general, waiting lists for treatment services continue to exist. Despite increased funding, the pre-existing demand for services requires the formation of new programs. Toward that end, OADAP has recently awarded a contract for a new adolescent treatment facility to serve up to 20 youths.

- o OADAP has also developed a multiple DWI offender residential detention education program which will begin operation in February 1989. Each program cycle will run seven days throughout the year and will serve approximately 1,000 individuals in its first year of operation. The maximum yearly capacity of the program in subsequent years will be approximately 1,900 individuals.

NEW JERSEY:

- o During State FY 1988, NJ provided the first comprehensive treatment initiative targeting treatment services to medically indigent alcoholic and drug abusing juveniles. The initiative addressed residential care averaging 45 days and community based Post Residential Continuing Care (PRRC). The residential services were purchased by DNDAC from eight licensed residential alcoholism or drug abuse treatment providers statewide. The PRCC services were authorized through planning and implementation grants to 20 county alcoholism authorities by the DOA; community based PRCC services were provided through grants/contracts funding source for this two part initiative which included a mix of State appropriations and ADTR Block Grant funds.

NEW YORK (ALCOHOL):

- o Legislation was enacted to provide the Division with a 100% net operating cost funding stream for alcohol crisis centers, residential chemical dependency programs for youth, and non-residential services in counties of 100,000 or less determined to be necessary to serve the public interest by the Director of the Division. Also, a second law provides the Division with the authority to prepare guidelines, appoint and Advisory Board, and to establish consortiums to offer employee assistance programs (EAPs) to small businesses and other organizations (less than 750 employees) which are not large enough to make individual EAPs feasible.

NEW YORK (DRUG):

- Problems such as AIDS, crack, and homelessness continue to place tremendous burdens on the substance abuse community in New York State. The demand for substance abuse treatment has never been greater. Despite significant increases in capacity, waiting lists for treatment persist at high levels. The Division has continued efforts to increase the availability of treatment services. The agency has also continued its efforts in meeting the needs of AIDS patients and those at risk of contracting the disease; cocaine abusers; the homeless; and other special target populations including children of substance abusers, individuals in the criminal justice system, mentally ill substance abusers, and employed substance abusers.

NORTH CAROLINA:

- Last year the North Carolina General Assembly enacted legislation which requires mandatory assessment of DWI offenders under certain conditions. This law tightened existing requirements, resulting in a great increase in offenders eligible for addiction assessment. Research has shown that approximately 70 percent of those assessed are found to be in need of treatment for alcohol and/or other drug problems, placing further demands on already overburdened treatment resources.

- The North Carolina General Assembly also enacted legislation that placed school-based prevention under the State Department of Public Instruction. Previously, this responsibility was under the North Carolina Department of Human Resources.

NORTH DAKOTA:

- Most significant changes were the development of a Prevention Resource Center and the opportunity to increase services to youth, elderly, and women using the ADTR monies.

OHIO:

- The significant change in Ohio was the hiring of a department bureau chief (Ohio Department of Mental Health) and assistant bureau chief (Ohio Department of Health) which provided a joining of the two Bureaus-Bureau on Alcohol and Alcoholism Recovery and Bureau of Drug Abuse in planning and implementing projects. Additional legislation has not yet been introduced which will join the two Bureaus. Staff have voluntarily merged in order to permit and promote cost effective service delivery.

- The Ohio Department of Health received an award from the U.S. Department of Education in April of 1987 (the Drug-Free Schools and Communities Act of 1986) to be administered by the Bureaus of Drug Abuse (ODMH) and the Bureau on Alcohol Abuse and Alcoholism Recovery (ODH), of which 30 percent is the Governor's Discretionary funds. These funds enable the State of Ohio to provide funding in the area of prevention and education activities: (1) High-Risk Youth Prevention and Early Intervention Programs; (2) Department of Youth Services Intervention and Referral Programs; (3) Ohio Network Training and Assistance for School-Community (ON TASC); and, (4) VISTA - Volunteer Teenage Leadership Coordinators. The Demonstration Program is in effect and has been implemented by local agencies through RFP process.

- The Department of Youth Services has been utilizing funds to intervene, assess, and refer teens within the Department of Youth Services' institutions, provided through a grant process during the state fiscal year 1988, as well as ON TASC. The VISTA volunteer program will grant local alcohol and drug program recipients, through RFP, the funds needed to implement the program prior to June 1989.

- Other funds received under the Governor's Discretionary funds will be used to provide material and resources to the Ohio Prevention Resource Center which will be developed in 1989 in collaboration with the Departments of Education and Liquor Control.

- The Bureaus have also taken a leadership role in providing training and technical support relating to IV drug abusers/HIV positivity, and have collaborated with the Departments of Health and Mental Health in the developments of prevention activities for persons exhibiting at risk behavior among alcohol and drug abusers.

OKLAHOMA:

- All A/D treatment programs are required to provide AIDS prevention counseling, HIV testing or referral to testing, pre- and post- test counseling for all clients. In-service training in AIDS prevention and infection control are also required.

- One social-detox unit in Tulsa reports an increase in "crack" users and decrease in alcohol detox patients. They attribute this to the lowered price of "crack".

OREGON:

- November of 1987 saw the hiring of three new staff people to man the newly created Oregon Prevention Resource Center. In 1988 the OPRC began to provide significant levels of technical assistance, consultation and training resources to local communities throughout the state.

- As a result of the Anti-Drug Abuse Act passed by Congress in the fall of 1986 Oregon and all other states realized an increase in alcohol/drug prevention and early intervention resources that allowed for a significant increase in the services available to local communities. The Student Retention Initiative (SRI) was a combined approach to community planning and program development, with the overall goal of increasing the number of youngsters who satisfactorily complete their education. Nearly all school districts in the state took advantage of the Part A monies available to them for A/D prevention and education service and twenty-two counties were funded in Part B with monies available to the Governor's Office, but administered by the Office of Alcohol and Drug Abuse Programs (OADAP). These programs consisted mainly of "student assistance program" models designed to intervene early in youth alcohol and drug use.

- The Office of Alcohol and Drug Abuse Programs received a grant of approximately $185,000 to initiate a statewide parent education program called "Preparing for the Drug (Free) Years". The effort, funded in large part by the Fred Meyer Charitable Trust, is designed to train 400 competent group leaders/ facilitators to deliver a series of five parent education workshops throughout the state to over 8,000 parents. The program, based on some of this country's best research by Hawkins & Catalano, is designed to raise parents' awareness about the risks their youngsters may face, and how they, as parents, can best counteract those risks. Four other state agencies - Corrections, Education, Adult & Family Services, and Children's Services Division - have agreed to leverage their clients into the programs, and even have some of their own staff trained as facilitators of the five session program. A major component of the effort is a statewide marketing and promotional effort being coordinated, free of charge, by one of the largest public relations firms in the state.

PENNSYLVANIA:

- Greater focus on expanding treatment service for criminal justice offenders within correctional institutions and community-based settings.

- Increased administration of, and services for, the addicted pregnant female.

- Recognition of the need for long term residential treatment for the cocaine abuser and for addicted women with small children.

- Expanded Student Assistance Programs in schools across Pennsylvania.

PUERTO RICO:

- During the end of FY 1988, the Department initiated a Mobile Treatment Clinic Program with five (5) mobile units assigned to areas of high incidence of drug and alcohol use. The program has proven to be very successful in reaching out to the clientele.

- New alcohol treatment units were inaugurated in three large penal institutions.

- Additional treatment personnel was designated to expand services in the following drug treatment programs: Methadone, Juvenile and Penal Institutions.

RHODE ISLAND:

- Intensive lobbying in FY '87 led to the passage of legislation requiring substance abuse health insurance coverage for various treatment services (effective 1/88).

- There has been some initial activity in response to the AIDS crisis, (e.g., establishment of alternate test sites for IV drug users, expanded methadone services, outpatient methadone detox). Further efforts were initiated at the beginning of FY '88 with the allocation of ADTR funds to AIDS initiatives--impact will be realized in current fiscal year.

- Rhode Island has seen a sharp increase in use of heroin and crack--funding has been requested to address specialized treatment needs, prevention and AIDS program related to these drugs.

- Student Assistance Programs have been implemented in various communities as a result of funding realized from prevention legislation passed the previous year.
- ADTR funding has allowed for initiation of a number of new programs throughout the state.
- The state continues to experience problems with recruitment and retention of quality staff (both on state and community level) as a result of inadequate funds for personnel costs.
- Programming for high risk youth was increased. Ten new prevention programs were created. A Substance Abuse Prevention Task Force was created in each community.

SOUTH CAROLINA:

- Impact of involuntary commitment statute enacted January 1, 1987, was even more apparent during FY 88. Beds available for voluntary patients in state institutions have declined with resultant increase in waiting lists and greater demand for community-based services.
- Persons receiving services in FY 88 as result of DUI convictions grew by 12 per cent to 17,964. Severity of drinking problems is greater with resultant increase in both duration and intensity of treatment required.
- Intensive outpatient treatment programs are receiving more attention in both the public and private sectors as a cost effective alternative to inpatient treatment.

SOUTH DAKOTA:

- Women's halfway house was added.
- State now maintains a fund to underwrite residential treatment.
- DWI course curriculum guide rewritten.

TENNESSEE:

- Significant treatment activities in FY 88-89.
- $2.6 million for treatment services ($1,600,000 Federal, $1,000,000 State Legislature appropriation). Services provided include the following:

  a. (3) 15 bed detox/rehab units.

  b. (3) 15 slot adolescent day treatment programs.

c. (1) Group Home (12 beds)/day treatment (15 slots) programs.

d. Outreach Walk-In Clinics.

e. (3) Short-Term Family Counseling Programs.

f. Central office budget.

- The Division developed a 3 level program for youth correctional facilities. Three facilities implemented Level I and II through funding under the Governor's Drug-Free Tennessee for Department of Corrections.

TEXAS:

- In FY '88, there were expanded services for persons in the criminal justice system, adolescents, and persons at high risk of AIDS. Texas also has documented a significant increase in intravenous use of cocaine and amphetamines.

UTAH:

- The Server Training Program was first legislated in 1987. The mandate was that all servers of alcohol beverages for on-premises consumption would be required to be trained in preventative measures to mitigate the effects of over-consumption of alcoholic beverages by customers. The intent of this legislation was to add one more preventative measure to the state-wide effort to limit DUI offenses.

- Presently, 6,200 servers have been trained in the state. The training is provided by eight private, state-certified training organizations. Several of these training organizations are nation-wide in scope. Each server that is trained receives a three year certificate from the training organization and is also registered in the Division's Server Training tracking system.

- The Division has over 120 active, certified DUI instructors registered in its newly developed tracking system. The Division certifies that all DUI instructors are in compliance with state regulations and are using the state approved DUI Education Program Curriculum.

- o A new component of the state-approved curriculum is the institution of a victim impact panel (VIP) in all DUI educational programs. The VIP is intended to increase the awareness in DUI offenders of the impact of driving under the influence on victims of drunk drivers.

- o A major additional work responsibility in FY '88 was the transfer of the Governor's portion of the discretionary funds for the federal Drug-Free Schools monies from the Commission on Criminal and Juvenile Justice to the Division of Substance Abuse. Twenty-three new proposals were awarded for FY '89. Funding to be administered is $506,690.

VERMONT:

- o During the summer of 1988, the State opened an 18 bed substance abuse treatment center for youth. The availability of new federal funds for treatment have enabled Vermont to increase services. This increase, however, does not yet provide the resources available to Vermont prior to the inception of the Block Grant at which point federal funds were cut by 50%.

VIRGIN ISLANDS:

- o There has been a steady increase in cocaine abusers, therefore, more off-island referrals are necessary since we have neither sufficient staff nor facilities for this population.

VIRGINIA:

- o Continued emphasis on issues related to the mentally ill substance abuser.

- o The development of a multi-year prevention services plan.

- o Initiated inter-agency comprehensive substance abuse services plan.

WASHINGTON:

- o The state of Washington implemented a landmark piece of legislation on July 26, 1987, the Alcoholism and Drug Addiction Treatment and Support Act. The purpose of the act was twofold; a) to halt the rapid increase in the number of alcoholics and addicts being enrolled in the state's relatively generous welfare program, and provide rehabilitative treatment (or shelter, where treatment is rejected) for eligible indigent persons willing to enroll in the treatment and shelter program.

In July 1987, 6,500 alcoholics and addicts were receiving welfare checks and many more would have been eligible by July, 1988. By June 30, approximately 10,408 persons had accepted treatment and 706 had been placed in shelters. Only 890 persons who were incapacitated primarily by alcoholism or drug addiction were still receiving welfare. The legislature provided $24.6 million of former welfare funds to the alcohol/drug program to pay for client assessment, treatment and shelter.

WEST VIRGINIA:

- Services to adolescents have increased as a result of a greater number of specialized staff.
- Participation in public awareness activities has increased, due to the impetus of the national "Be Smart! Don't Start!" campaign.
- The quality of treatment and prevention services in some parts of the State has improved as a result of criminal justice grants. Unfortunately, these grants are for only one or two years.
- Decreased support from other sources of funds has led to a curtailment in services in some areas of the State.

WISCONSIN:

- Increased training for counselors in IV-Drug Abuse and AIDS.
- The development of pilot programs.
- There has been an increased emphasis on certification of minority counselors.
- Interagency cooperation for processing and providing treatment to persons referred to the Intoxicated Driver Program (IDP).
- Establishment of the "ALLIANCE FOR A DRUG-FREE WISCONSIN".
- Passage of 1987 Wisconsin Act 339.